

Nurse Corps News

MAY SPECIAL EDITION



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A Message From the Surgeon General



More than a hundred years ago, Florence Nightingale offered us the following words of wisdom: "Nursing is an art, and if it is to be made an art, it requires an exclusive devotion, as hard a preparation, as any painter's or sculptor's work." The devotion to the "art of nursing" is on full display for the world to see as Navy nurses continue to answer our Nations call and serve on the frontlines in the fight against the COVID-19 pandemic.

As we recognize National Nurses Week and the Nurse Corps Birthday on 13 May, we celebrate the care and evidence-based practice and innovation these medical professionals bring every day to help our Sailors, Marines, and fellow Americans get well and stay healthy.

A critical component to improve the wellness and readiness of our force as we battle COVID-19 is to increase our arsenal of knowledge about the virus. In previous weeks, I discussed the dynamic efforts of the Navy Medical Research and Development (NMR&D) Enterprise in adapting to the challenges caused by this pandemic. In addition to operating within sea, air, land, space, cyberspace, and logistical frameworks, we must now fight against emerging pathogens and infectious diseases to protect America and our national security interests. To this end, our teams of scientists and researchers have been spearheading innovative countermeasures that will successfully supply us with vital data needed to operate in what Adm. James Foggo calls the "seventh domain" of warfighting – the biosphere.

Recognizing the importance of collecting medical data to help our country defend against COVID-19, Naval Medical Research Center (NMRC) recently initiated the first-ever comprehensive research study to examine the serologic, clinical, and epidemiological aspects of the virus among young, healthy populations. The aim is to support the Marine Corps Recruit Depot Parris Island's medical mission to achieve maximum recruit health and meet graduation requirements and standards during the pandemic.

On May 4, NMRC commenced the COVID-19 Health Action Response for Marines (CHARM) study at Parris Island and the Citadel. All study findings will be provided in real-time, in an effort to inform operational leaders with actionable information to help protect our Force and preserve war-fighting capabilities and readiness. This study will help inform future decisions regarding isolation and quarantine, identify personnel infected with mild or no symptoms, and help determine when recruits can safely return to training. Additionally, we hope to grasp a better understanding of how our bodies fight the virus by obtaining blood, saliva, and nasal samples that we can use to develop or improve tests, vaccines, drugs, and other countermeasures.

The road ahead will not be without challenges, but with the expertise of our NMR&D scientists, our public health teams, and Navy medical professionals on duty around the world, we will come out of this stronger and more mission ready. Every day our scientists, nurses, corpsmen, doctors, and medical support staff actively continue to leverage the principles of rapid-cycle feedback to share lessons learned and inform future decision which help Navy and Marine Corps leaders mitigate the long-term impact of COVID-19. Through it all, the spirit and light of Florence Nightingale's raised "little lamp" is kept alive and burning brightly because of the skill and dedication our One Navy Medicine Team brings to the fight every day.

With my continued respect and admiration,

Bruce L. Gillingham, MD, CPE, AOA
RADM, MC, USN
Surgeon General, U.S. Navy
Chief, Bureau of Medicine and Surgery

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**Tina Davidson,
RDML, NC**

Director, Nurse Corps

Director's Reflection and Farewell



Happy Navy Nurse Corps Birthday!!

I write this note as my career in the Navy Nurse Corps comes to a close. I would like to leave you with a few thoughts...

While some of you may just be starting your adventure in the Navy Nurse Corps, remember we were all in your shoes at some point. Building confidence as a nurse takes time, experience and knowledge. Additionally, a Navy nurse is given the dual responsibility of nurse and Naval Officer. I wrote a story in a previous Nurse Corps newsletter of how timid I was when I first joined the Navy. I was nervous and wondered if I could even do this.

Your toolbox will build as you work in various environments and learn new clinical and leadership skills. You will learn from all those you work alongside: physicians, administrators, corpsmen, ancillary staff, patients and many others. Many of you know I always say push yourself and push your corpsmen. As the saying goes... "Calm waters never made for a skilled Sailor." Don't base your decisions to stay or go on one duty station. If you are thinking about doing another tour, going overseas or taking an opera-

tional tour...do it! Take a leap of faith! We all have a different amount of time that we will stay in, and that is okay. Some of you may serve for one tour, others 20 or even 30 years. Regardless be proud of the fact that you put on the uniform and decided to serve your country! Ensure you have something to show for the time you have served, whether it be a certification, a degree or experience in another area of nursing.

We learn from history which requires voracious reading of not only professional documents but also books on leadership and world events. You will find recommendations on the [Nurse Corps reading list](#) on milSuite, the [Surgeon General's reading list](#) and even the [Chief of Naval Operations' reading list](#). While you are navigating through this challenging COVID-19 pandemic, you will be the one to provide the history for those who come after us, which includes lessons learned. What did you learn, do we need to change how we train, and were you prepared?

Senior nurses, thank you for continuing to lead our corps so vigilantly. You have stamped out the draconian reputation of "nurses eat their young" and have embraced and modeled "nurses foster and mentor their young." You are amazing!

Junior nurses, you are the leaders of the future Navy Nurse Corps even if you can't imagine that right now. You are the Navy Nurse Corps of today and the future so be bold, share ideas, ask questions that may spark a research project, foster an environment in which your corpsmen feel comfortable to ask questions and raise creative recommendations. A favorite saying of the Nurse Corps is "bloom where you are planted" and one day you may find that you are the Director of the Navy Nurse Corps!

I am proud to say I am a Navy nurse and can't imagine doing anything else! I take with me the fond memories of all those I have had the pleasure of serving with as it was all of you who helped me reach this pinnacle of my career. I did not arrive here by myself. Don't ever forget how impressive you are and how proud I am of you and your contributions to the Nurse Corps, Navy Medicine and the Navy! I salute you and thank you!!~

*FAIR WINDS AND FOLLOWING SEAS,
RDML DAVIDSON,
WE HAVE THE WATCH!*

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THE WATCH



Bethesda, MD, (May 10, 2017) Rear Adm. Davidson expresses appreciation for a T-shirt she receives during Navy Nurse Corps Birthday at the medical center. (U.S. Navy photo by Bernard Little/Released)



**For thirty-four years
This Sailor has stood the watch**

**While some of us were in our bunks at night
This Sailor stood the watch**

**While some of us were in school learning our trade
This Shipmate stood the watch**

**Yes.. even before some of us were born into this world
This Shipmate stood the watch**

**In those years when the storm clouds of war were seen
brewing on the horizon of history
This Shipmate stood the watch**

**Many times she would cast an eye ashore and see her
family standing there
Needing her guidance and help
Needing that hand to hold during those hard times
But she still stood the watch**

**She stood the watch for thirty-four years
She stood the watch so that we, our families
and our fellow countrymen could sleep
soundly in safety, Each and every night
Knowing that a Sailor stood the watch**

**Today we are here to say
'Shipmate... the watch stands relieved
Relieved by those You have trained, Guided, and Led.
Shipmate you stand relieved..**

WE HAVE THE WATCH.



San Antonio, TX, (Aug. 3, 2018) Rear Adm. Davidson with Capt. (ret) Roy during a flag passing ceremony. (U.S. Navy photo by Mass Communications Specialist Shayla Hamilton/Released)



Pensacola, FL, (Jan. 23, 2019) Rear Adm. Davidson with HM1 Sanchez-Padilla, presents his Purple Heart certificate during a ceremony held in his honor for wounds received in action in Afghanistan. (U.S. Navy photo by PO2 Matthew Herbst/Released)



(Sept. 11, 2017) Rear Adm Davidson held an admirals calls during her visit to Naval Medical Center San Diego. (U.S. Navy photo by Mass Communications Specialist Harley Sarmiento/Released)

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Incoming Director's Reflection



**Cynthia Kuehner,
CAPT, NC**

**Incoming
Director, Nurse Corps**

Dear Nurse Corps Colleagues,

As May comes to an end, I greet you as the new Director of the Navy Nurse Corps with a few reflections. Remembering our fallen this Memorial Day was especially profound, in the context of the COVID-19 global pandemic. We in uniform are joined by the ranks of fellow Americans and global citizens in a fight against a universal threat. Designated the "International Year of the Nurse and Midwife" by the World Health Organization, 2020 has thrust our chosen profession into the spotlight, featuring the frontline heroics of nurses who understand and accept the service and sacrifice inherent to professional nursing.

Over the past few months, Navy Medicine surged operational deployments in support of our nation and around the globe. Navy Medicine deployment numbers have not been this high since the Gulf War. Each of you has played a significant part in ensuring this capability, whether you packed your sea bag and got underway, or stayed in place, facing the many challenges left behind. I am inspired by your innovation, agility, flexibility and adaptation – enduring qualities of Navy Nursing! It is with great pride that I extend my personal gratitude to each of you.

As I begin my tenure as the 26th Director of the Navy Nurse Corps, I eagerly look forward to working together with all of you. It is my greatest career honor and privilege to take the helm of Navy Nursing, especially now, during such an exciting time in Navy Medicine. Together, we will harness the diverse skills and talents of our collective and unified force to meet the challenges and opportunities ahead. Our uniformed, civilian, active, reserve, and joint/partnered activities reflect the very best of each of us and all of us, strengthening my personal resolve and conviction to represent you well and, along with you, carry on our 112-year legacy of leadership, resilience, compassion, and caring.

It is with tremendous admiration, gratitude, and respect that I wish to personally thank RDML Davidson for her 34 year career, and most especially for her leadership and steady hand while serving as the 25th Director of the Nurse Corps. RDML Davidson is an exemplary leader and role model who kept us aligned and moving ever-forward while advancing the elements of our Nurse Corps Professional Practice Model. Operational readiness / joint partnerships, transformational leadership, and professional development are strong foundational elements, and RDML Davidson, through her loyal dedication to our Navy and our Corps, has advanced our efforts and enabled our successes. We are very proud to have served with her and we continue to emulate the servant leadership that she instilled across Navy Medicine. Fair winds and following seas, Shipmate. We wish you the very best in your transition from active service to a well-deserved retirement.

In closing, let me again wish you a very Happy "Nurses' Month"...under particularly stressful circumstances. I ask that you pay close attention to each other, and offer assistance to those who may need a caring ear to listen or a helping hand. Keep those who continue to be forward deployed in your thoughts and prayers, and please reach out to their families – who are often silent with their needs. I am truly grateful to serve with each and every one of you and look forward to visiting with you in FY21 as circumstances allow. Remember - You are ESSENTIAL! Thank you all for all you do!

~Captain Cindy Kuehner
26th Director, Navy Nurse Corps

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2020 MAY SPECIAL EDITION

RADM Riggs' Expresses Gratitude and Appreciation



Over the past couple of months, we have seen the extraordinary efforts of the Military Health System (MHS) and its nursing team supporting an unprecedented global fight against COVID-19. Many nurses have been on the front lines - triaging patients, administering COVID-19 tests, caring for patients, and always serving as the constant patient advocate. Nurses across the MHS have deployed and volunteered to go where they have been needed most, working tirelessly to ensure quality care.

Words cannot describe how proud I am to be a part of the MHS nursing team. I am so grateful for all the sacrifices all of you have made to continue caring for patients. Thank you for everything you do, each and every day.

This year for Nurses Week we are celebrating 200 years since the pioneer of nursing was born. Celebrating Florence Nightingale's birthday on May 12 is only one of the highlights. We also celebrate her passion for and promotion of evidence-based practice and innovation that continue to grow and thrive today among nurses worldwide. We see daily the ongoing integration of clinical communities and research, along with innovation of practice that has improved the care to patients and training of nurses.

Nurses Week is traditionally celebrated May 6-12, but this year, because of the extraordinary efforts to combat COVID-19, the American Nurse Association has extended the celebration to the entire month of May. Thank you to all the nurses of the Military Health System for going above and beyond the call of duty to deliver for our patients.

This month, I visited some of our local facilities in the National Capital Region to extend my appreciation in person. The MHS is also proud to highlight nurses across the military medical enterprise to share examples of their dedication to caring for patients across the spectrum of care. Stay tuned to [Health.mil](https://www.health.mil) and Military Health System social media sites for these stories.

Thank you again for all you do, and Happy Nurses Week/Month!~



**Mary Riggs
RADM, NC**

**Deputy Director,
Reserve Component**

**NAVAL
RESERVE
STAY STRONG**

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Go Navy, Beat Corona! ~ CAPT Charles Cather, NC, DNS, USNS Comfort



NURSE CORPS RESPONSE TO COVID-19

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The Certified Nurse Midwife (CNM) Role in COVID-19



Cathy Luna, CDR, NC

1980/81 Specialty Leader

Katie Schulz, CDR, NC

Assistant Specialty Leader

This has been a challenging time for all, we are extremely proud of the Navy Nurse Corps for answering the call to serve on the front lines during this crisis! Amid the COVID-19 pandemic, our Certified Nurse Midwives (CNM's) have deployed on the USNS Comfort in support of response efforts in New York City, they remain standing by ready to deploy with multiple EMF platforms, and are providing mission essential obstetrical care to patients back at the MTFs. At NH Jacksonville, our CNM's obtained privileges at St. Vincent's Riverside to provide inpatient care to military beneficiaries while NH Jacksonville transitioned to a "COVID Center." CNM's developed creative strategies to continue the women's health care mission during this global pandemic. While many walk-in contraceptive clinics are temporarily suspended, CNM's are providing telehealth services to ensure women have continuous access to

birth control. CNM's are using video platforms to continue Centering Pregnancy group prenatal care that has been proven vital during this period of social distancing. By filming in-house child-birth classes and

hospital tours, CNM's ensure patients and families have access to educational opportunities and experiences. At Fort Belvoir, CNM's implemented "Call the Midwife" weekly sessions via Adobe Connect where patients can ask questions about pregnancy, contraception, and hospital policies during this challenging time.

While the theme of this newsletter is readiness, 70% of our CONUS CNM's were standing by with bags packed when given the 48-hour notification for EMF mobilization in March. While the CNM community might not seem like the most operational specialty, our scope of practice extends beyond the delivery of obstetrical care. A CNM is a primary healthcare provider for women and this role is vital as the military female force continues to increase. We need women's health care providers to care for our Sailors and Marines in every environment women serve. In February 2020, RADM Gillingham approved the Female Force Readiness Strategy. One priority in this strategy is establishing embedded women's health care. We look forward to piloting CNMs as embedded women's health care providers in operational settings.



NEW YORK CITY (31 Mar 20): LCDR Gilliam (tan ball cap) reviews patient transport protocol pier side, adjacent to where the USNS Comfort was moored, as they prepared to admit patients in support of the nations COVID-19 response efforts. (Photo by Mass Communication Specialist 2nd Class Sara Eshleman/released).

Navy CNM's serve vital roles in our Female Force Readiness Clinical Community (FFRCC). As Chair of the Family Planning Sub Community, **CDR Candace Foura** led the group in opening 22 walk-in contraceptive clinics Navy-wide to provide same day contraception access to beneficiaries. Due to its success, DHA is implementing walk-in contraceptive clinics MHS-wide. Serving as Chair of the FFRCC Working Group "Deployment Readiness and Education for Service Members", **LCDR Rose Jolly** led the group to develop a deployment and educational handbook for women. This one of a kind handbook addresses over 30 topics including women's health, contraception, menstrual management, deployment environments, and women's mental health. Navy Medicine is working with DHA to turn this handbook into a digital app for ALL service women to use.

Community BZ's: Welcome home LCDR Josh Gilliam, serving aboard the USNS Comfort, LCDR Gilliam led the pier-side Patient Receiving Team and provided women's health consultation. Congratulations to our newest DNP prepared CNM's: LT Katie Jones, LCDR Shawn Crowther, LCDR Ricky McCallister, LCDR Christine Higgins, LCDR Kelly Minor, and LCDR Jennifer Squazza. Fair winds and following seas to the CNM's retiring in 2020: LCDR Dean Hawkins, CAPT Cathy McCrary, CDR Virginia Hazlet and LCDR Nicky Tomblin, thank you for your dedication and service!~

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Ambulatory Care Nursing Role in COVID-19



Mary Phillips, CDR, NC
690 Specialty Leader



Robert Bailey, LCDR, NC
Assistant Specialty Leader

In the fight against COVID-19, ambulatory care nurses have proven their readiness and ability to excel in a dynamic, challenging pandemic environment. Ambulatory care nurses, working alongside our public health, emergency, and inpatient

leaders, stepped up in planning, executing, and re-evaluating COVID-19 preventive, testing, and response measures.

For this pandemic, ambulatory care nurses applied the vast knowledge and skills used in their daily duties in a variety of settings. They employed their talents and ensured critical planning and management, triage, telehealth/virtual care, patient education, and care coordination. When called upon, they employed flexibility and adaptability to function in inpatient areas and excelled on hospital ship and EMF deployments.

Ambulatory care nurses led the restructuring of clinic flow to facilitate separate care for the sick and the well patients. They worked with their higher level leaders to incorporate virtual care and enhance telehealth services to continue caring for their population, while controlling foot traffic in the clinics. They increased efforts in care coordination and patient education to ensure patients and families received the appropriate treatment and services. For those working with active duty personnel, delivery of readiness services were re-structured to continue maintaining a Medically Ready Force.

As local COVID-19 hotlines were created to augment the Nurse Advice Line and serve as a local resource for patients for local processes and services, ambulatory care nurses took the lead in working the hotlines and training non-

ambulatory care nurses in telephone triage, ensuring quality of care and documentation. Ambulatory care nurses assisted in planning and implementing drive thru screenings, testing sites, and clinics. They have been key in developing the most efficient workflows for each outpatient work center, keeping staff and patients safe, while effectively conserving personal protective equipment.

We have never been more proud of the versatility, ingenuity, and agility of this community to meet the dynamic and diverse challenges of the COVID-19 pandemic. We applaud the efforts of every single outpatient nurse, whether or not they currently carry the 690 AQR. Thank you for your hard work and for demonstrating to Navy Medicine how our community is a truly valuable resource.~



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Family Nurse Practitioner “Always Ready to be Ready”



Edgar San Luis, CDR, NC
1976 Specialty Leader



Troy Baumann-Freund, CDR, NC
Assistant Specialty Leader

The Family Nurse Practitioners Community is “Always Ready to be Ready” and during this unprecedented time of the COVID-19 pandemic our Family Nurse Practitioners were ready at the frontlines of various platforms of the Hospital Ships, EMFs, OCONUS and CONUS Commands. As Licensed Independent Providers, the nursing Professional Practice Model is the

heart of our practice, our true north of caring, competence, and compassion.

The Family Nurse Practitioner community is at the core of fleet readiness. As a community in garrison and in the fleet, we deliver high quality, patient and family center care that contributes to military readiness. Fleet Readiness is an integral part of what we do as a community, directly affecting military readiness and supporting the health care needs of Sailors, Marines and their family members.

As the community strives and continues to break operational barriers. **CDR Accursia Baldassano** and **LCDR Melody O'Connor** are the only FNPs to have completed and attain the AQD for the Commander, Amphibious Task Force (CATF)/Expeditionary Strike Group (ESG) Surgeon Course. **LCDRs Sharon Hoff**, **LCDR Melody O'Connor** and **LCDR Jennifer Goodridge** completed the Surface Warfare Medical Officer Indoctrination Course (SWMOIC). Because of their success, the Navy Operational FNP Working Group was developed with CDR Baldassano as the Chair. The working group are currently addressing barriers of IDC Clinic Supervision, GMO billet conversion, Emergency Nurse Practitioner, Platform assignments and training, updating FNP's knowledge, skills and abilities.

In the pursuit of professional development, the community established

the Standardization/Scope of Practice Working Group with **LCDR Porras** as the Chair, focusing on the community's standards/scope of practice and educational resources. Currently the group is reviewing the JCCQAS core privileging/procedures and develop standards for the FNP community.

We have developed the DoD/Tri-Service counsel to provide and collaborate with Army and Air Force FNPs on training to enhance knowledge, skills and abilities to align medical support and readiness as medical services community. We pull our working groups together to collaborate with their counter parts in the sister services to align our similar goals as one.

The Family Nurse Practitioner community is in lock step with the Surgeon General's priorities of optimizing People, Platforms, Performance, and Power in a consolidated effort to enhance lethality through increased medical readiness and force health protection of the fighting force.~



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Navy Nursing Professional Practice Model: Using the Three Pillars to Support the NYC COVID-19 Response

In March, more than 200 members of the Selected Reserve (SELRES) were mobilized with the Navy Medicine Support Team. Their mission was to support seven New York City public hospitals (read more about these hospitals [here](#)). The needs of these hospitals were extensive and included Staff Education and Training. Operational Readiness, Transformational Leadership, and Professional Development were key aspects of the Navy Reserve capabilities essential to meeting this need. “Always Ready to be Ready” requires agility, patience, and decisiveness. This initiative was happening at the height of the first wave of the pandemic in NYC; the planning and implementation had to mirror the urgency of the requirement to rapidly onboard non critical care nurses.

Transformational Leadership

Clear Vision, Innovation, Empathy and Purpose

“We are called to be actionable leaders for the betterment of nursing practice, at every level, while demonstrating the utmost respect for those who we are appointed to lead.”

CAPT Cathy Durham, the SNE for OHSU Jacksonville, was selected as the SNE for this mission; one of her first actions was to meet with Nursing and Executive Leadership at each of the hospitals to assess their needs and determine what staffing measures would be most appropriate. The CNO of Kings County Hospital, Opal Sinclair-Chung, and her Assistant Director of Nursing, Fe Villar-Jacolbe, had an additional request: “Our staff need training.” They-like hospitals around the country-were facing the challenges implicit to rapidly onboarding non-critical care nurses to critical care settings. Their challenge was unique in that their Critical Care Educator was currently out, recovering from COVID-19.

THANK YOU FOR ALLOWING US TO BE A PART OF THIS WITH YOU!

WHAT THIS IS NOT:

- This is NOT orientation.
- This is NOT competency verification.
- This is NOT comprehensive.

WHAT THIS IS:

- This is RAPID TRAINING of some ESSENTIAL information that will enable you to participate as a member of a critical care team.

WHAT THIS MEANS:

- No one expects you to be an expert critical care nurse after this training.
- Ask questions.
- Embrace your strengths AND your limitations.
- Consider this like an OPEN BOOK TEST! Do not rely solely on your memory! Use your resources.
- You WILL get HANDS ON practice when you have a paired shift on the Critical Care Unit
- Consider self-study! Be a perpetual student.
- Have a growth mindset!

Image 1

And...
We realize we are
teaching two parallel
classes...

Shortly after this meeting CAPT Durham, an innovative leader, contacted **CDR Amy Lamancusa**. CDR Lamancusa maintains certification and Navy credentialing as a Perioperative Nurse, but in her civilian job, she is board certified in Nursing Professional Development. In the month prior to her mobilization in support of the NYC COVID response, she had been planning and developing training for rapidly onboarding nurses to the inpatient setting at her civilian hospital. Never one to back down from a challenge but also aware of how

important subject matter expertise is in the delivery of content, she asked that consideration be given to the provision of an additional nurse to this initiative, a subject matter expert (SME). This SME would turn out to be **CDR Brenda Rarick**, another SELRES with more than 20 years of experience as a CRNA.

Transformational leadership skills enable strong partnerships, an essential component of any successful initiative. Trust and responsiveness allowed for the rapid develop-

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Navy Nursing Professional Practice Model: Using the Three Pillars to Support the NYC COVID-19 Response

ment of these partnerships- both between CDR Lamancusa and CDR Rarick as well as with the sites they were serving. Partnership was essential throughout this process as curriculum development requires stakeholder inclusion at every stage; CDR Lamancusa and CDR Rarick worked closely with each of the sites to determine site specific needs.

CDR Lamancusa was also aware of the anxiety and fear that many of these nurses would bring to the training. The curriculum development and subsequent schedule would include an introduction (image 1) that validated their fear but also sought to alleviate their anxiety by reviewing the expectations that were supported by their leadership. It would also include

only two objectives: at the conclusion of training, attendees will (1) have an increased confidence in their ability to function as a member of a critical care team and (2) have knowledge of available resources for standard critical care assessment techniques and skills.

Professional Development

“We are committed to lifelong learning through the continuous pursuit of excellence, promoting a system of High Reliability and fostering a culture of safety.”

CDR Lamancusa was aware of the need to expedite this process in a thoughtful and methodical way. She was also driven by her personal mantra for Professional Development: all nurses should be perpetual students. This allowed her to fully embrace the challenge of learning and becoming comfortable with unfamiliar content. It was also the philosophy that drove the objectives for this course: have a growth versus a fixed mindset and consider the learning and professional development that will be born from these unimaginable challenges.

The High Reliability principle of deference to expertise was woven throughout the presentation as participants were encouraged to em-

brace their strengths while also acknowledging their limitations. The team model implemented in these hospitals provided fertile ground for this principle to flourish in practice.

As a Professional Development specialist, CDR Lamancusa followed the Nursing Professional Development Scope and Standards of Practice. These include Gap Analysis, Learning Needs Assessment, Outcomes Identification, Planning, Implementation, and Evaluation (Harper & Maloney, 2016). This process was adhered to for this curriculum development- albeit in a rapid and expedited way.

Outcomes identification drives all other actions in curriculum development: start with the end in mind. What are the objec-

tives? What are we trying to accomplish? This is often done simultaneously with the Gap Analysis and the Learning Needs Assessment (LNA). In this case, the goal was to increase the confidence of non-critical care nurses and provide them with resources so that they could be successful members of a Critical Care Nursing Team.

Image 2 depicts one example of a customized schedule provided for one of the public hospitals. Topics reflect their specific requests.

Name: _____ Checklist for Rapid Onboarding – Critical Care

Instructions: Use resources provided and paired shifts to complete all objectives below.

CRITICAL CARE SKILLS REVIEW		
24 April 2020	Objectives/Modules (Mosby/Elsevier)	Completed/initials and date
0800-0930	Welcome/Intro	
0930-1100	Pathophysiology of COVID-19 Respiratory Failure/Coagulopathy/CREST Focused Assessment (Critical Care Nursing) Deteriorating Patient Ventilation: Noninvasive CPAP and BiPAP (Respiratory) Endotracheal Tube and Tracheostomy Tube Suctioning (COVID) Ventilator Associated Pneumonia Prevention/Ventilator Associated Event Prevention (Rapid) Mechanical Ventilation Volume and Pressure Modes (Adult Acute & Critical Care Nursing) Urinary Catheter: Insertion (Foley) Catheter Care (Critical Care Nursing) Central Venous Catheter: Maintenance & Dressing Change (Critical Care Nursing) Pronation Therapy (COVID)	
1200-1400		
1400-1630	Intravenous Therapy: Dose and Flow Rate Calculations (COVID) • Vasopressors, sedation, titration Critical Care Fast Facts Handout: also includes AACN Handout: Hemodynamic Management & AACN Handout: Commonly Used IV Cardiac Medications for Adults Arterial Pressure Based Cardiac Output Monitoring Endotracheal Tube: Suctioning, Lubrication, Infection, Electromagnetic Interference System (CORTRAK 2 EAS)	
ADDITIONAL RESOURCES		
I attest to having reviewed all required resources/objectives in Mosby/class as necessary: Signature: _____ Date: _____		

Image 2

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Navy Nursing Professional Practice Model: Using the Three Pillars to Support the NYC COVID-19 Response

Operational Readiness

“We are able to function and succeed across a complex spectrum of environments, considering and honoring the personal views of all those we serve. Our operational readiness and jointness are the versatility of our mission across all theaters.”

This meaningful and impactful training would not have happened if SELRES were not ready to be wheels up with less than a week of notice. This meaningful and im-

perfect training would not have happened had there been delay or hesitation. Without Operational Readiness, we cannot mobilize, we cannot make an impact, and we cannot transform the lives of our nursing colleagues.

These training classes reached over 400 New York City nurses in 4 public hospitals. The response to the classes was overwhelmingly positive, and the validation and em-

pathy established at the beginning of class created safe environments in which nurses felt comfortable speaking about their experiences.

There were many stories shared by our NYC colleagues; sometimes these stories were accompanied by tears of joy or devastation. Evaluations of the course were gratifying; they reflected that our objectives had been met, and many participants left comments of gratitude and relief.

Conclusion

This initiative exemplifies the unique and invaluable aspect of a ready SELRES as many of these members have unique skills utilized in their civilian roles in addition to the credentials they maintain for the Navy. SELRES augment the Surgeon General's four priorities of People, Platforms, Performance, and Power in unique ways, bringing diverse talent and perspective.

This training initiative exemplified the ways in which we all must be ready to act, we all must be ready to be uncomfortable, and we all must be prepared to deliver in unique and challenging battlefields.

Reference



Harper, M.G. & Maloney, P. (2016). *Nursing professional development: scope and standards of practice*. Chicago, IL: Association for Nursing Professional Development.

~By: CDR Amy E. Lamancusa, NC, USN, OHSU Jacksonville

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Navy Nurse Corps Ready to 'Fight Tonight'

When Navy Medicine stood up the USNS MERCY, USNS COMFORT, EMF-Mike and EMF-Bethesda, in support of the Defense Support of Civil Authorities (DSCA) missions, Navy nurses both active and reserve, answered the call with overwhelming enthu-



Orange County, Calif. (April 26, 2020) Ensign Ha Na, from San Diego, assigned to the hospital ship USNS Mercy (T-AH 19), discusses patient information with her team at a skilled nursing facility in Orange County (U.S. Navy Photo by Mass Communication Specialist 1st Class Rawad Madanat/Released)

siasm. Navy nurses have a long history of stepping forward to execute the mission despite the obstacles and confronting the COVID-19 pandemic was no different. We have yet again proven our professionalism and expertise for our patients and their families in communities across America exemplifying the meaning of One Navy Medicine. No matter the enemy, we are trained and are ready to 'Fight Tonight,' answering our Nation's call.

The Navy Nurse Corps Professional Practice Model provides a framework for us to maintain the

New York City, NY: U.S. Navy Lt. Anthony Waite, Jr. and Hospitalman Kaila Jenkins assist patients during discharge from the hospital ship USNS Comfort (T-AH 20). (Mass Communication Specialist 1st Class Kleyntia R. McKnight/Released)

critical skills required to fulfill our honored duty.

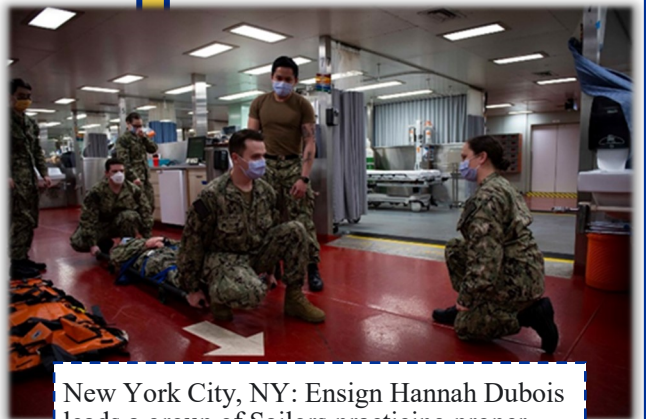
No matter what platform we were deployed with, the ability to hit the ground running and do what we do without skipping a beat, is proof that our Operational and Joint Readiness is next to no other. We interfaced with our Army Counterparts, FEMA, state and local governments, we adapted and overcame to meet any task with great success. Everyone expanded their skill sets, often

being asked to push our comfort zones and knowledge.

Med-Surg nurses trained up to step-down units, NICU and PICU to the ICU, ER to ICU, and many more. This could not have happened without the Professional Development attributes that guide us to grow our mind, skills, and abilities. Skills sharpened during this time, only helps grow our Corps to increase survivability. But most of all, we did what is at our core, we mentored. We showed that Transformational Leadership knows no



rank, skill, or ability. Teaching a new skill or guiding critical thinking through an issue is how we all grow. Teaching and growing our corpsmen is critical to our mission. We have seen the excitement and enthusiasm of our corpsmen as they step out of their comfort zone and gain knowledge, skills, and abilities they did not have the day before, just to turn around and watch them crave for more. We



New York City, NY: Ensign Hannah Dubois leads a group of Sailors practicing proper patient transport procedures in the casualty receiving area aboard USNS Comfort (US Navy Photo/Released)

better understand their world and realize we must step up to mentor them at any point we can, to help grow them, but also to ensure they are ready to go into harm's way.

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Navy Nurse Corps Ready to 'Fight Tonight'

Your efforts, time, dedication and knowledge have allowed the Navy Nurse Corps to be a fit and ready force. We were ready to answer the call, no matter where or what it

is. Make no mistake, everyone played an important role and we all could not have succeeded without each and every one of us.

~ By: LCDR David Antico, NC, USN



LOS ANGELES (April 17, 2020) Hospitalman Bridgette Blanco (left) from Dallas, and Lt. Mary Bass from Spencer, Iowa, prepare medication for a patient aboard the hospital ship USNS Mercy (T-AH 19) April 17 (U.S. Navy photo by Mass Communication Specialist 2nd Class Abigayle Lutz/Released)



LOS ANGELES (April 23, 2020) Hospital Corpsman 3rd Class Tamarra Francois, from Rochester, N.Y. (left) and Lt. j.g. Joyce Sim, from Seoul, Korea review a patient's record aboard the hospital ship USNS Mercy (T-AH 19) April 23. (U.S. Navy photo by Mass Communication Specialist 2nd Class Abigayle Lutz/Released)

Click [here](#) for "Behind the Mask" photos of USNS Mercy Sailors on DVIDS link provided by CAPT N. James Chalker, NC, ADNS USNS Mercy

SURVIVING COVID-19 AS THE SOLE PROVIDER IN ROMANIA

In thinking about how to write this article for the Nurse Corps Newsletter, I pondered the following: Do I write a checklist? Do I write a review of clinical

practice guidelines? Do I write a lessons learned summary? Then it dawned on me, nope just write the story as it is. Nurses will enjoy the story, the good, bad and ugly! So here goes.



CDR Accursia Baldassano, HM2 Jonas Panoringan, HMC Genesia Salgado outside COVID-19 triage tent. (Photo courtesy of CDR Baldassano)

Naval Support Facility Deveselu is located in a remote southern region of Romania amongst farmlands. The closest city is Caracal which has 30K people and is 10KM away. The closest American Military healthcare providers are located 275 miles away. As the only provider here you have the responsibility of assessment, stabilization and directing care for up to 300 personnel. No biggie right, most Family Nurse Practitioners have patient

panels in the MTF reaching 1100. But wait there is more.

Supplies, what do I need? What's on my shelf? What's on my Authorized Medical Allowance List? As I began reading the minute by minute guidance, directives, FRAGOs, OPORDS and direction I quickly realized our medical department was not stocked for the pandemic of 2020. Did I say Department? That implies a team of staff members, let me clarify. Two corpsmen and I comprise the medical department staff, yes a team of three, that is it. Now back to supplies. If anyone has spent much time working with supplies in a remote location you may relate that the supply system is just NOT an Amazon prime situation. So we ordered all of our mandated PPE and we waited.

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SURVIVING COVID-19 AS THE SOLE PROVIDER IN ROMANIA

Meanwhile, daily briefings with the base CO were conducted monitoring the off base pandemic encroaching in on our front gates. We were about a month or so behind Italy with first cases arriving at the beginning of March. Much different from care in the US, here we had to be aware of host nation requirements. This is where the unexpected negotiations began. SOFA, JAG, Defense Attaché, Ministry of Health became common nomenclature in our meetings. We sought to find common ground with the Romanians on disposition of positive service members. The Romanian Department of Health Ministry was dictating all positive service members were to be transferred off base to a local hospital for care and management, even if hospitalization was not required. Recommended hospitals by the host nation for the care were 3.5 hours away. Through very strong insistence, resistance and political respect we were able to convince the Romanians we would care for our members on base and if hospitalization was required, seek to medevac to Landstuhl Regional Medical Center.

Mitigation strategy planning and Health Protection Conditions began to roll out. We started with limiting exposure out in the host nation. We restricted movement of personnel and times to go off base. Over time we finally came to the conclusion to restrict to the base. All active duty and civil service personnel that lived in the housing unit came back and stayed on base. This stopped movement for 2/3rds of the base personnel. The remainder were host nation and DOD contractors who held residences out in town.

We enhanced cleaning for daily sweepers in the housing unit. Sweeping, wiping and sanitizing became the norm

twice daily. We instituted daily touchless temperature readings and COVID symptom screening for base entry and entry into the Ballistic Missile Defense system.

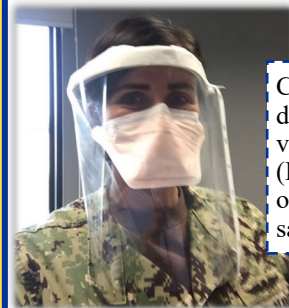
Besides the base force health protection, we also focused on the health protection of medical. If ever there was a single point of failure, one provider might just be the shining example. Personal Protective Equipment (PPE) the endearing term of 2020. We didn't have much. Time to get creative and start finding a way to protect ourselves. Face shields, don't have them? How about an aluminum finger splint like a headband with a document protector taped across the front. No isolation gowns? How about sleeveless disposable patient gowns with trash bags over your arms. Now we were moving along. We even managed to get help for PPE from unlikely sources like Security and NCIS. Security provided us riot helmets with face shields and NCIS had Tyvek suits for crime scenes. It's amazing what you can find when you ask for help. Although still waiting for supplies, we were feeling much more prepared.

Eventually patients began to get sick. Some with cough, some with fever, body aches, but all with influenza like illness symptoms of varying degrees. We took the stance that safety was key and better to be overly conservative than risk the mission being compromised. When evaluating all the patients with symptoms I instituted a 72 hour mandatory SIQ with follow up. During SIQ, the members were not allowed out of their rooms and daily follow ups via phone would occur from the medical staff along with to go food delivery from the Galley. This watchful waiting seemed to make a difference in triaging out COVID from the usual cold symp-

toms. If they still had symptoms I extended SIQ for another 48 hours with follow up. In our small one exam, one treatment room clinic we quickly became aware of the possibility of contamination by sick members requesting evaluation. We reached out to the Romanian Army and with our Seabees assistance, we were able to borrow a tent and construct a triage area outside medical with a wood decking for examining patients that arrived to medical with COVID symptoms.

The lessons learned are on-going so far in this pandemic. Our supplies have begun to arrive and we are no longer using our hand crafted PPE. We have managed to stay safe as a health care team and the base has remained on mission with adequate manning. I would have not expected heading into this role out here this would be my story. But I am grateful for the experience to tap into all that we can do as APRNs, manning the watch, advocating for our patients and mitigating the spread of infection all while supporting the warfighter. Standing by for the next patient.

~By: CDR Accursia Baldassano, NC, USN



CDR Baldassano demos improvised Face Shield (Photo courtesy of CDR Baldassano).

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Vignette from a FNP: COVID-19 Experience

When the pandemic hit, phone calls and messages from our beneficiaries were flooding in. Clinic operations were stressed. I was asked to serve as the point person for all COVID-related inquiries. I was to answer questions, disseminate information, triage, walk patients in for virtual appointments if needed, and attend to any administrative needs of patients and commands. The first couple of weeks were especially difficult. Within the clinic, much work was poured into assimilating new information, tweaking processes and streamlining communication. It was an impressive effort to witness.

As public information about the virus was emerging, fear and anxiety were reaching a high point out in the community. As nurses, it can feel overwhelming at times to not know how to

ease the physical and mental pain of our patients. Throughout my years as a nurse working inpatient, and subsequently as a nurse practitioner in an outpatient setting, I have been in situations that have felt scary or out of control, and I questioned if or how I could contribute in a meaningful way.

This is what I have always known, but have recently learned anew during this crisis: Listening is medicinal, and even the smallest gestures can heal in a real way. Allowing patients the time to talk through their fears, doubt, anger, sadness, and being able to provide reassurance or offer a bit of direction has proven exceptionally productive. I hear a shift in their voice on the phone - a sense of shoulders dropping, just a little bit.

She said to me, "Thank you so much, I feel so much better after talking to you. I have a plan now. The noise isn't so loud anymore."

There is much work to be done for nurses - on the frontlines, behind the scenes, out in the community, at home, and for each other. No matter what your role in this pandemic, you are making a tangible difference, you are helping, and your contributions mean something to someone, every single day.

THANK YOU to all of my fellow nurses. May you all stay safe, strong and focused during this extraordinary mission!

~By: CDR Elizabeth Gloor, NC, USN, Naval Health Clinic Annapolis

An Open Letter from a Grateful Physician

My name is LCDR Michael Monson and I am a Pulmonary & Critical Care physician currently stationed at the Naval Medical Center in Camp Lejeune. I have been with the USNS Comfort mission to New York City since 08 April.

I am writing this letter to express my honor and deepest gratitude at being able to work with some of the finest nurses and corpsmen that I have ever met in my career. Upon my arrival to the ICU at this hospital, I was presented with some of the sickest patients I have ever seen in my time as a doctor. I walked into the ICU and saw nothing but wall to wall ventilators, alarming monitors, and a seemingly endless supply of IV drips. Each patient seemed to be at death's door. The temperature felt sweltering in your PPE, and your goggles fogged immediately with the steam coming from your brow. Paper charts were everywhere and runners

constantly sprinting back and forth to the lab and pharmacy.

But, despite the confusion, heat, and unbearable noise from the ship's machinery, there were dozens of nurses, corpsmen, respiratory and dialysis technicians who would not leave their patient's bedside. I was amazed and awestruck at their dedication and loyalty to their patients. I know that many of them had to be scared; who wouldn't be? But if they were, they never showed it. All of them worked for hours on end, never seeming to rest and refusing to even take water breaks, for fear that their unstable patient would need their help while they were away.

Not only did they seem to work without ceasing, but I have been amazed and impressed with their knowledge of the critically ill. They were able to titrate medications and advance patient care in

ways that were nothing short of miraculous. These nurses and corpsmen are some of the smartest I have ever worked with.

There had been a cry for help, and they knew that they were going to be the answer.

In short, I will gladly and without hesitation work alongside any one of them in any ICU, hospital, or combat aid station and consider myself lucky.

They are some of the finest shipmates I have ever had. *~By: LCDR Michael Monson, MC, USN*



(Click [here](#) for more photos at DVIDS link)

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A Story of Success

I immigrated to the United States in 1994 from the Republic of Panama and joined the Navy Reserves in 2000 as a yeoman. Within twelve years I became a citizen and a Registered Nurse and was later selected for the Navy Nurse Candidate Program followed by five years on active duty in the Nurse Corps and now I'm back to the reserves.



I've always felt so thankful for all of the opportunities that the United States has provided me through being in the Navy. As a result, I feel a strong

sense of gratitude and faithful obligation to give back to this country.

When a volunteer opportunity for Navy nurses in support of the COVID-19 crisis came up I did not hesitate to sign up for it and fulfill my long awaited opportunity to finally give back.

I reported to the USNS Mercy in San Diego, CA two days after being notified and then traveled to Los Angeles, CA where our work began. Eventually, a group of us were sent to the USNS Comfort in New York to provide much needed support there.

One day while walking around the ship, I was touched emotionally when I noticed a picture with the Panamanian flag on a wall onboard the Comfort. It was from a previous Humanitarian Mission done in my native country which I took as a sign that I was meant to be there and



that I needed to give it my all as a nurse, as a citizen, and as an immigrant in order to continue the alliance of service and love between my two countries.

This Nurses' Week I will celebrate every moment I spent onboard the Comfort and Mercy, with the military nurses, doctors and corpsmen I had the privilege of working with and the patients we safely took care of with great HONOR, COURAGE AND COMMITMENT.

~By LT Osiris D Dacosta, NC, USN
Photos courtesy of LT Dacosta

Personal Insight from Aboard the USNS Mercy

The world is looking to nurses and healthcare workers to keep the world safe and healthy as the COVID-19 pandemic continues to alter our way of life. We set sail on the USNS MERCY to provide healthcare relief in the LA community and several weeks later, flew to New York to the USNS Comfort to care for positive COVID patients. Everyday was forever changing. New policies and procedures would come out by the hour; organized chaos quickly became the new norm. Flexibility remained at the forefront during this mission as we delivered safe, high quality care to the communities.

As nurses, we have the privilege to open the eyes of a newborn, and to gently close the eyes of a dying man;

The first to witness the beginning and the end of life. This experience has reminded me that I am humble enough to know I'm far from perfect but confident enough to know I can do anything. In the midst of this pandemic, the staff onboard rose to the challenge, and I couldn't be prouder to be a part of the team.

We were able to treat patients with a wide variety of needs, illnesses, and injuries. This experience will be unforgettable: from listening to my demented patient sing Hymns on Easter Sunday, sitting at the bedside with a patient to call his family for the first time in weeks after surviving an injury, and quickly making critical nursing judgments for better patient outcomes.

I love being a nurse and during this COVID-19 pandemic, the critical importance of nurses in our society has never been so clearly in focus. Thank you to all the nurses who do every they can, in every way, for every patient, as often as they can. Cheers to 2020, the YEAR of the nurse.



Click on photo DVIDS link

~Submitted by: Ensign Briana Goins, NC, USN

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‘I Am Navy Medicine, helping stop the spread of COVID-19’: Lt. Anna Dufour, Navy Nurse Corps officer

For **Lt. Anna Dufour** and the other approximately 4,000 active duty and reserve Navy Nurse Corps officers, helping stop the spread of COVID-19 follows their legacy of delivering patient-centered care since their inception 112 years ago.

The Navy Nurse Corps birthday falls on May 13, inexorably linked to National Nurses Week, celebrated annually May 6 to May 12, which fittingly ends on the birthday of Florence Nightingale (1820-1910), the founder of modern nursing.

Then, as now, caring for the sick and injured, establishing sanitary methods and supporting operational readiness during the Crimean War (1853-56) are legacies established as nursing standards by Nightingale and a notable commitment by the Nurse Corps against the pandemic outbreak.

Dufour and the other 60 Nurse Corps and 80 civilian nurses at Navy Medicine Readiness and Training Command (NMRTC) Bremerton have been tasked with proactively handling multiple assignments to screen, triage, and test for COVID-19, as well as continue daily needed support for acute-care patients.

NMRTC Bremerton’s Urgent Care Clinic (UCC) is a microcosm example of nurses – and teamwork – in action.

“One thing I have learned from nursing is that you never have to manage anything alone if you belong to a strong unit and team. The UCC physicians, nurses, and corpsmen working together troubleshooting the ever-changing de-



NMRTC Bremerton: LT Anna Dufour, along with 140 nurses (military and civilian) screens, triages, and tests patients during the COVID-19 crisis/Released. (Click [here](#) for DVIDS link)

mands to the daily workflow is what has contributed to the success of the UCC helping slow the spread of COVID-19 within the military and outlying community,” said Dufour, a Brandon, Miss. native, and Urgent Care Clinic (UCC) staff nurse.

Dufour, a 2009 University of

Southern Mississippi graduate with a Bachelor of Science degree in Exercise Science, followed by a Bachelor of Science degree in Nursing, from the University of Mississippi Medical Center in 2011, has been in the Navy for three years on a direct commission program. She also brings experience as a registered nurse with nine years of experience, including over six years in the oncology/bone marrow transplant field.

“I always had an interest in military history and military nursing history since high school. I decided to join to see if it was a career path I would want to pursue long term. I also had been interested in pursuing humanitarian missions in some capacity, which I knew would be an opportunity in the Navy. Also, I loved the idea of educating and working with the corpsmen,” Dufour said, adding that prior to becoming active duty, she worked on a civilian 24-bed acute care unit in Austin, Texas, providing care for a unique and critically ill patient population that included bone marrow transplant, surgical and medical oncology patients and in the ambulatory cancer clinic.

That experience and aptitude had led to being assigned as acting UCC division officer helping to coordinate dealing with the challenge of daily preparing, providing,

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‘I Am Navy Medicine, helping stop the spread of COVID-19’: Lt. Anna Dufour, Navy Nurse Corps officer

and responding to COVID-19 issues and concerns, along with receiving those with urgent medical conditions.

“Once the role of the UCC staff in the COVID response was established by the command COVID-19 working group, it primarily came down to making sure we were staffed in a capacity to be able to safely take care of patients within the COVID medical tents and within the UCC,” explained Dufour. “From a nursing perspective, that was achieved by communicating the needs of the unit clearly and concisely to nursing leadership. We have been very lucky to receive nursing support from other units such as the multi-service unit.”

Dufour attests that the most challenging aspect during this time has been maintaining flexibility and adopting different approaches in interacting with patients in the medical tents and within the UCC.

“Providing the correct information and expectations to patients has been challenging as the criteria for testing and quarantining has changed often, so relying on good communication between UCC team members ultimately carries over to the patients,” explained Dufour, lauding the UCC hospital corpsmen for their collective roles in ensuring those in need receive the proper care required.

“The corpsmen have been invaluable in carrying out the daily plan put in place by the COVID-19 working group and the drive-thru screening. Absolutely none of the day-to-day aspects of the mission would be possible without them. As a very green junior officer it has been a great privilege to work with and learn from senior enlisted leadership during my time at NMRTC Bremerton,” added Dufour.

Dufour readily acknowledged that nursing in general has a great influence on patient-centered care, citing nurses as the ones usually recognizing the needs of patients and subsequently advocating for them to other services.

“We have the great responsibility of recognizing and supporting our patient’s medical, spiritual, and social needs,” Dufour said.

With the Navy Surgeon General’s priority on operational readiness and core mission of producing a medically ready force and a force medically ready, Dufour’s contribution in the UCC has allowed others to deploy when called upon.

“I think it’s given everyone the perspective to always be ready to deploy, or as in my case, be ready to remain in place and continue to support the mission,” said Dufour, referring to taking on extra duties for some of the approximately 10 NMRTC Bremerton Nurse Corps

staff members currently embarked on hospital ship USNS Mercy (T-AH 19).

When asked to sum up her experience as a Navy Nurse Corps officer, Dufour replied, “I’ve been exposed to, and learned from, different avenues of medicine and nursing that I would not have normally been exposed to in civilian medicine. It has been gratifying being part of an international healthcare movement that is working towards the same goal and standard of care for patients around the globe.”

When then-President Theodore Roosevelt signed the Naval Appropriations Bill in 1908, he authorized the establishment of the Nurse Corps as a unique Navy staff corps. The Nurse Corps has grown from an initial group of 20 – known as the “Sacred Twenty” to where they are today.

From bedside to battlefield, the Navy Nurse Corps continues to provide compassion, care and concern in all they do, for all those in need, whenever and wherever they are called to duty.

*~By: Douglas H. Stutz
NHB/NMRTC Bremerton
Public Affairs Officer*

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READINESS ON-THE-FLY: PANDEMIC MASCAL EXERCISE

Each spring and fall, US Naval Hospital Okinawa (USNHO) conducts large-scale readiness drills geared to respond to mass casualty (MASCAL) events. Traditionally, the exercise has focused on trauma-centered and CBRNE scenarios. In the fall of 2019, USNHO conducted a MASCAL drill that involved a decontamination. This year's spring MASCAL drill, held on March 12th, was carefully planned over several months and initially projected to approximately triple the scale of the previous drill in the fall. However, the COVID-19 pandemic swept the world quickly off its feet by early March, and something remarkable happened with the drill: within one week before it commenced, the exercise planning team changed the entire course of the exercise to adapt it into a "Pandemic MASCAL Drill." This was a remarkable feat of agility resulting in a substantial bolstering of our hospital's readiness for the COVID-19 pandemic!

The Pandemic MASCAL Drill tested our capabilities to handle a surge of patients, ranging from low to life-threatening acuity caused by COVID-19 infection. One of the most unique and notable features of the Pandemic MASCAL Drill was the execution of rapid expansion in key areas to absorb the influx of COVID patients while simultaneously isolating these areas utilizing the thoughtfully crafted architecture of the hospital's airflow systems. For example, the ED was essentially split into a "Respiratory ED" using the Family Medicine Clinic space. This isolated respiratory patients from other patients in the ED and expanded surge capacity for a large influx of these patients.

The Pandemic MASCAL drill plan-



OKINAWA, Japan: The "Respiratory ED" with staff huddling to coordinate patient movement. (Left) Emergency Department nurse, **CDR Gina Zuniga**, and **LT Demetrius Pruitt**, a nurse from Third Medical Battalion serve as observers and evaluators for the drill (13 MAR 2020). Photo taken by MC2 Bobby Siens/Released.

ning team flexed quickly and looked at every possible angle of the worst-case scenario. The response operated on a hospital-wide tiered system that directed our actions and space expansion based on the influx of patients. Broadened lines of effort such as decedent affairs and hospital administration also played important roles in managing the proper storage of fatalities and other key activities.

By completion of the drill, we uncovered many critical gaps that we have been actively addressing and refining. Notably, the core framework of the model used in the drill remains the trusted staple of our real-world response. The drill provided us an invaluable opportunity to test the model as well as address training and readiness that we now use in our daily operations of responding to the COVID-19 pandemic. For example, USNHO has opened a "Respiratory Clinic" in the Family Medicine space.

Supporting a contingent of 47,000 on Okinawa and 189,000 in the Western Pacific region, USNHO plays a critical

role on the island of Okinawa in the response to this pandemic as the largest, most capable forward deployed Naval medical presence supporting operational readiness. Of note, the drill integrated every facet of the hospital in a "whole of hospital" approach, including activation of our Hospital Incident Command System (HICS), as well as a display of seamless interoperability with other medical assets on the island: 3rd Medical Battalion (USMC) and 18th Medical Group (USAF). A special thanks to the planning team for making this drill meet the demands of COVID-19 pandemic response and allowing us to demonstrate that we are a ready and resilient force!

~By: *LTJG Natalie Spritzer, NC, USN*
Naval Hospital Okinawa

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A Respiratory Therapist's Perspective: USNS COMFORT Intensive Care Unit Response to COVID-19

The headlines read that the USNS Comfort only treated 182 patients. The guidelines were strict on who to admit and take onboard. Most of the articles published wondered if we were helping at all. As someone who received and took care of patients on the ship, here is some insight as to what the nurses, respiratory therapists (RT), doctors and corpsmen did for the mission.

As a ready force, we are always ready to deploy at a moment's notice. A majority received approximately 48 hours notice; however, some received just 24. In 48 hours, most of us rushed to get our affairs in order, purchase necessities and spend those final moments with family before leaving. We knew what day we were leaving, but not when we were coming back. 30, 60, 90, 120 days were spoken among staff.

In two days, nurses and corpsmen set up 4 intensive care units (ICUs) with fully stocked crash carts, bedside carts and intensive care beds. Medication counts, verifying supplies, making beds, ordering linen, establishing patient care teams and wondering when night shift would start. Missions vary on the Comfort, but this was a unique and unprecedented mission. We were prepared knowing that this was going to be a ventilator heavy mission with the most critical patients, and we knew that some of our staff simply lacked experience with such patients. The RN to RT relationship was strong the moment we boarded which was key to survival on this mission.

From the day we received our first patients, we had 11 on ventilators in one night. Then we started adding exponentially –the mission culminated with 32



New York City, NY: Nurses and Corpsmen care for COVID positive patients in ICU aboard USNS Comfort (US Navy Photo/Released). (Click on photo for DVIDS link to more photos)

ventilated patients total. Each nurse had two vents and sometimes three. One respiratory therapist had three to five ventilators. We relied on each other. With every oral care round, medication administered and patient hygiene, the nurses worked tirelessly throughout their shift. Proning patients on a schedule, head turns in full PPE with the air conditioning not running the best. It was hot, we were sweaty, but we had a job to do.

Coming on this mission, we knew the virus was deadly to the elderly and immunocompromised. We knew that many of our patients would not survive. We knew their families would not be onboard to hold their loved ones hand to say good-bye. The best we could do was video call their families so they can say their good-byes. Being at the bedside, there was an unwritten rule we respected. No one dies alone. Nurses, respiratory therapists and corpsmen took turns being with a patients at the end of their lives, so they would not be alone when the time came. Final baths were given with dignity and as much privacy would allow, a moment of si-

lence for the deceased and shoulders were offered to cry on.

With the high tempo and severity of the patients, most of us worked 12 to 14 days straight doing 12 hours on and 12 hours off. Did we have the most optimal staffing for a day off? Not necessarily, but was it managed when the team set into a battle rhythm? Absolutely. Most of us in the beginning felt bad to take a day off because we didn't want to sit on the sidelines while our team worked.

This is what we do, day in and day out. Nurses run pumps, clean their patients, advocate for patients and hold hands of the patients and the staff. Respiratory therapists ran the ventilators, helped prone but also assisted with cleaning patients, transporting patients and were available at a moment's notice. Corpsmen ran labs, cleaned patients, drew blood, started IVs, sat vigil for expiring patients, ran to pharmacy and stood up to the task of whatever was requested. This is truly what Navy Medicine is about and the teamwork between the Nurse Corps and Hospital Corps. We worked as one unit to care for these COVID positive patients during, hopefully, the last pandemic we will see in our lifetime.

As a respiratory therapist, I want to thank all the nurses that I worked with on this mission. Their dedication to patient care was unwavering and I couldn't imagine being with anyone else during this time. We worked our fingers to the bone but kept smiles on our faces.

~By: HMI Kyle Walker, Respiratory Therapist, NMRTC Portsmouth

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Supporting the U.S.S. Roosevelt: A Perspective from the Expeditionary Response of U.S. Air Force

Answering the call to duty, 64 members of the 673d Medical Group departed Joint Base Elmendorf-Richardson in Anchorage, Alaska for Guam on April 9, 2020 to provide support to the Sailors of the USS Theodore Roosevelt (CVN -71) following an outbreak of Coronavirus (COVID-19). Joined by 13 members of the 36th Medical Group from Andersen AFB, the men and women of this medical response team remain committed to ensuring the Sailors of the “the big stick” are back on patrol in the Pacific as soon as possible.

While the overall objective of the mission has not changed; the methods by which to accomplish the mission have required continuous adaptation, most notably regarding updated COVID-19 guidance. In reflection, it is critical to recognize three elements which have been key to our successful integration into this joint effort: the versatility, flexibility, and resiliency of our Airmen. Our versatility enables us to exercise a broad-spectrum of abilities, our flexibility allows us to adjust to operational changes, while our resiliency has empowered us to overcome any ensuing obstacle. The culmination of these elements postured us to provide capabilities in four specific areas: the establishment of an Expeditionary Medical Support (EMEDS) fa-

cility, the provision of support personnel to U.S. Naval Hospital (USNH) Guam, conducting patient testing for Sailors from the USS Theodore Roosevelt, and serving as a training platform for joint personnel.

The construction of the EMEDS facility proximal to USNH Guam may be the most notable area of our mission. It stands as an EMEDS+25, the second largest in a series of four, enabled to be rapidly deployed world-wide by U.S. Air Force transport aircraft. Capable of being fully operational within 60 hours of hitting the ground to support combative or humanitarian operations, this configuration provides a 25-bed facility with Role 3 medical capabilities similar to Bagram Air Base, Afghanistan.

Embracing the ability to work in joint service and government environments, members of the EMEDS team have also integrated into USNH Guam. This team includes 4 providers, 12 clinical nurses, and 6 aerospace medical technicians augmenting the Multi-Service Unit, Intensive Care Unit and Emergency Department. Prepared to amplify the present staff, these individuals serve to extend the capabilities of USNH Guam in the event demand overwhelms available resources.

Completing another dynamic objective, a versatile team of 21 responders have been conducting mass COVID-19 testing of the quarantined Sailors. Carrying out a task holds both diagnostic and investigation value, these members have performed over 6,500 tests among the roughly 5,000 Sailors. These test results have provided information vital to returning the Sailors to their duties aboard the USS Theodore Roosevelt as safely and swiftly as possible.

This opportunity to demonstrate collaborative contributions has set the platform for future joint missions and pandemic responses. Over the preceding few weeks, the leadership and members of this response team have had the chance to provide valuable training and familiarization to senior and junior military leaders alike about the capabilities of our Air Force EMEDS system and personnel. Without a doubt these efforts have laid the ground work for future joint responses of this nature and have demonstrated the Air Force’s ability to contribute a vital asset to the fight.

~By: Capt. Eric M. Perron, NC, USAF

Click [here](#) for link to DVIDS photos

Nurse Corps News

MAY SPECIAL EDITION

TSNRP Endotracheal Tube (ETT) Study

Research utilization is a term that has strongly resonated throughout my naval career – from the implementation of evidence-based practices in the clinical setting, to the application of up-to-date educational resources in academia. Despite my strong familiarization with research practices as a consumer, my first-hand experience with original research experimentation had been limited prior to participating in a Tri-Service Nursing Research Project (TSNRP) study.

TSNRP is an important program aimed to “promote and support rigorous military nursing research to optimize the health of military members and their beneficiaries.” During my participation in the TSNRP project, I engaged in an endotracheal tube (ETT) study that aimed to explore if single-use, disposable ETTs could be safely reused after following a disinfection protocol. Exploring this particular practice would be valuable for forward-deployed medical treatment teams operating in austere environments who may lack reliable resupply within Multi-domain Operations with near-peer adversaries. Recent medical supply shortages resulting from the COVID-19 pandemic have further underscored the importance of the clinical application. This TSNRP project enhanced my knowledge about research and afforded me a unique opportunity to contribute to a global cause.

The purpose of this study was to determine the impact of disinfectants on ETT structural integrity, particularly the cuff: measured by the presence of air leaks at clinically relevant cuff pressure and pressures at cuff rupture points. The first day consisted in

learning about design, including the importance of experimental randomization. The ETTs were randomly assigned to four disinfectant groups: 1) saline (control agent), 2) neutral disinfectant cleaner (neutral agent), 3) Cavicide, or 4) Cidex OPA. The groups were then subjected to four disinfectant exposure points: no exposure, one exposure, two exposures, and three exposures. To simulate realistic intubation conditions, the ETTs were placed into a heated graduated water cylinder.

Though the research team had already created the experimental protocol, there were environmental specific considerations that required protocol modifications during the initial trial experimental runs. Some of these considerations included how to transport the ETTs from the test tubes to the cleaning agents, methods for safely testing the amount of instilled air in the ETTs, and acceptable temperature ranges for the saline. Researchers, Lieutenant Colonel (LTC) Young Yaeger and Dr. Don Johnson, emphasized the concept of ensuring experimental rigor and minimizing bias with an alteration to protocol. I learned that rigor is the implementation of best practices or standards to prevent bias or unfair favor for one thing over another.

Once all of these points were discussed, we proceeded with the pilot group experimentation. Throughout the course of the study, much time was spent solving procedural problems and validating all steps in the protocol. LTC Yaeger focused on ensuring that this experiment was conducted in such a way that future experiments could easily be replicated. He explained that

because of the lack of research that currently exists in the literature related to this topic, the experiment needed to maintain strict adherence to protocol to ensure reproducibility, which is a tenet of scientific research.

The results revealed some very interesting findings. The data suggested that proper ETT function and integrity was not negatively impacted by any of the disinfectants used. The findings suggest that ETTs may be reused after following disinfectant procedures, while maintaining their effectiveness. One of the limitations of this study, however, was not measuring the impact that disinfection procedures have on ETTs colonized with bacteria. The aim of the next study will address this gap.

I am grateful that my command, Navy Medicine Training Support Center, granted me the opportunity to participate in this important Tri-Service Nursing Research Project. As a novice research participant, I witnessed the scientific method brought to life at first hand by experts in the field. I am inspired by this experience and will seek out future opportunities to conduct more research. I thank LTC Yaeger and Dr. Johnson for their lessons and mentorship throughout the experiment. In addition, I thank Dr. Mark Ervin for the laboratory space, the Center for Advanced Molecular Detection staff for their support, and TSNRP for funding the experiment. We hope to present this data at the upcoming Military Health System Research Symposium later this year!

*~BY: LT Kyle G. Waite, NC, NMTSC
San Antonio*

Nurse Corps News

MAY SPECIAL EDITION

Utilizing a TSNRP sponsored post-doctoral fellowship to Leverage Data Science, Improve Warfighter Health and to develop a data science course for clinicians and leaders

Commander Lalon Kasuske, PhD, a nurse scientist stationed at Naval Medical Center Portsmouth (NMCP), is currently completing a virtual post-doctoral fellowship sponsored by the Tri-Service Nursing Research Program (TSNRP). As part of the post-doctoral fellowship experience, CDR Kasuske is working with the Uniformed Services University (USU) and TSNRP Health Systems & Informatics Research Interest Group to develop a graduate-level course in Data Science for Healthcare.

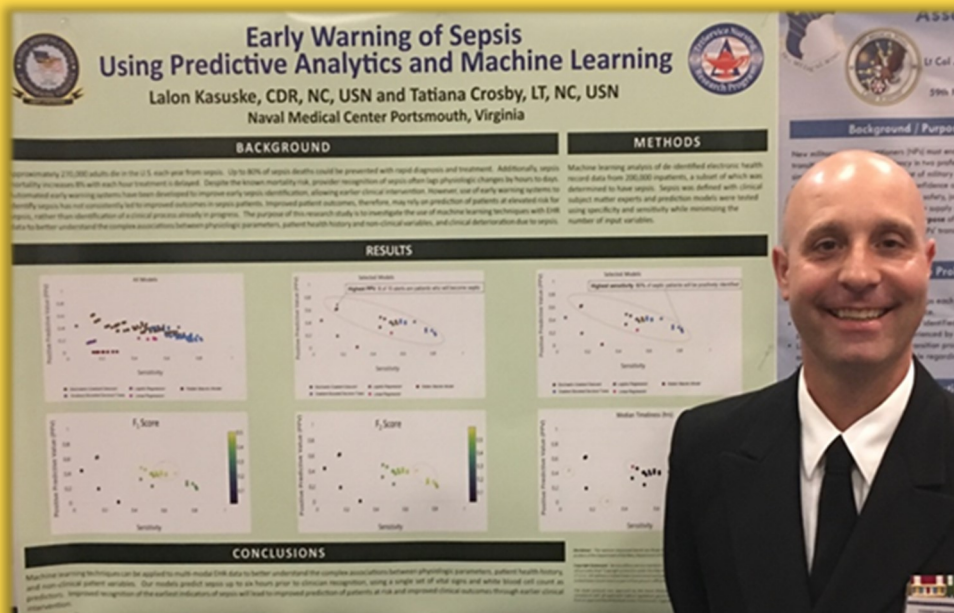
"I was fortunate to join an estab-

lished program of operational readiness research when I reported to NMCP. Working with the senior scientists and civilian partners, I have been able to lead research focused on returning wounded, ill, and injured warfighters to an operationally-ready status, bringing data science modeling to such domains as suicide prediction, behavioral health comorbidities following traumatic brain injury, and improving our understanding of military population health. The virtual post-doc is an opportunity to work closely with a computer scientist to create a data science curriculum for clinicians, scientists, and senior

leaders who want to develop advanced analytical skills using healthcare data. In the last 10 years, the MHS has warehoused electronic health record data for approximately 500 million inpatient and outpatient encounters -- as scientists we can leverage this available data to improve warfighter health and operational readiness. As clinicians and leaders, we can leverage the same data to directly support a High Reliability, High Velocity Organization."

The data science course is slated to be offered as a for-credit course at USU beginning in Fall 2020 and will be available as a self-paced course hosted by TSNRP. The initial course includes didactic instruction of introductory data science and analytical modeling as well as several hands-on laboratory modules.

~Submitted by: CAPT Virginia Schmied Blackman, NC, USN, USUHS



Nurse Corps News

MAY SPECIAL EDITION

Be Fluid Because Flexible is too Rigid

Hafa Adai from Guam! With Guam's recent position as center stage in the national media, we have diligently kept our heads down and focused on the mission readiness for ourselves and for all Sailors. We did not know what to expect but we knew we had an enormous task at hand. We wanted to share our thoughts of solidarity in our fight against COVID-19 as well as our COVID related successes and trials.



LT Rachael Benyovszky, Med Home Port – Standing inside a decontamination tent that was repurposed for the 'Influenza Like Illness' drive through clinic (Photo courtesy of LT Rachael Benyovszky).

would care for the potential surge and magnitude of critically ill patients. We counted ventilators, beds, rooms, PPE stock, the amount of nurses throughout the hospital, and then we counted them again. The initial change to the landscape of the facility was the creation of a drive through 'Influenza Like Illness (ILI)' clinic. The Medical Homeport staff; **LCDR Samantha Jennings**, **LT Rachel Benyovszky**, **LT Rachel Bourdeau**, and **LT Amanda Mammolito**, were instrumental in creating this 24/7 clinic bringing frontline healthcare to the patients outside of the facility and minimizing COVID exposure in our busy Emergency Room.

The inpatient crew created a five-phased bed expansion plan that was done in multidisciplinary collaboration. We were able to grow from our normal operating level of 42 beds to as much as 92 patient bed capacity with the ability to treat up to 36 critically ill vented patients. This census expansion was driven by risk stratification for patients, staffing ratios, equipment and PPE levels. Thinking outside of the box our plan included utilizing spaces, such as the PACU/APU

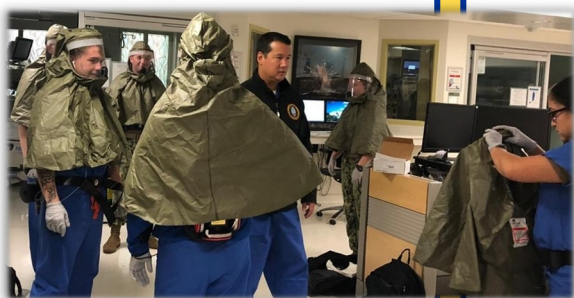
and turned them into a COVID open bay ward, and an open bay triage in the Mother Baby Unit was a potential non-COVID ICU area. Limiting factors such as ventilators and telemetry availability drove our patient placement and dai-



USNMRTC Guam: Commanding Officer, CAPT Maria Young, CAPT Jean Fisak – SNE, CDR Brenda Reseter - Director for Branch Clinics, and RN Suzanne Cabrera – Director for Civilian Corps, Nursing leaders apart of the Executive Steering Council that led the facility through our COVID-19 response (Photo courtesy of CAPT Jean Fisak).

ly changes to our plan. Nurse Corps leadership at the helm included SNE **CAPT Jean Fisak**, **CDR Brandon Limtiaco-ADNS**, **CDR Jones-ED**, **LCDR Nick Walker-ED**, **LCDR Brenda Morgan-ED**, **CDR Kyle Hinds-MSU**, **LT Mike Menninger-MSU**, **LCDR William Westbrook-ICU**, **LCDR Kenneth Sierleja-ICU**, **LCDR Amy Aparicio-MBU**, **LT Chelsea Null-MBU**, **LCDR Joe Shannon-MOR**, and **LT John Baird-PACU**.

Despite the extraordinary preparation targeted towards our beneficiary population our lines of efforts turned to priorities we did not expect. The largest unforeseen factor was the arrival of USS Theodore Roosevelt (CVN-71) (TR), with just under 5,000 Sailors strong with double the amount of positive COVID cases on the entire island. The tasks appeared never-ending: We assisted Joint Regions Marianas by providing medical services where Sailors were housed in hotels- con-



LCDR Sierleja, ICU Clinical Nurse Specialist leading PAPER simulation with ICU staff members, LT Ryan Pavelka, LT Jackie Hicks, and several other ICU staff. Simulation was how the inpatient staff prepared and trained to use PPE or institute new clinical procedures (Photo courtesy of Lcdr Kenneth Sierleja).

Initially we were focused on our beneficiary population and how we

Nurse Corps News

MAY SPECIAL EDITION

Be Fluid Because Flexible is too Rigid



LTJG Diana Huaman and LTJG Allison Porter donning their PPE and providing patient care to a COVID positive Sailor on the Multi-Service Unit (Photo courtesy of LT Michael Menninger).



USNMRTC Guam: Nursing Leaders of Operation Compare standing in front of USS Theodore Roosevelt (CVN 71). (L to R) LT Liza Mar, LCDR Angela Myer, LCDR Louis Grass, LCDR Lauren Bonair, LCDR Julie Cunningham (reservist), and LCDR Marissa Gonzalez (Photo courtesy of LT John Baird).

cierge style; we assisted the Navy and Marine Corps Public Health Center (NMCPHC) with an outbreak investigation, and we had to constantly adjust our bed management plan to accommodate clinical implications to the disease process. "Be fluid because flexible is too rigid" became our mantra as changes to mission profiles and operational

commitments came hourly.

Getting our new TR shipmates medically ready and back out to sea became priority number one. Prior to the arrival of Air Force EMED assets and 3rd Medical Battalion, USNMRTC Guam staff provided 100% of the medically related support to the TR which included caring for our COVID positive Sailors on Naval Base Guam as well as 3,400 hundred Sailors housed across 11 hotels in downtown Tumon. **CAPT Chris Jack** and **CDR Kyle Hinds** provided the nursing leadership and training for the 40 corpsman that moved into these hotels and delivered around the clock medical care to our TR shipmates. **CDR Brenda Reseter**, led the coordination efforts of Operation Compare, the outbreak investigation done in partner with NMCPHC. Nurse Corps Officers **LCDR Brenda Morgan**, **LCDR Julie Cunningham** (Activated Reservist), **LCDR Lou Grass**, **LCDR Marissa Gonzalez**, **LT Liza Mar**, **LT Lauren Bonair**, and **LT John Baird** were assigned as specimen integrity officer to ensure the validity and success of the investigation.

As we all grew comfortable with the new pace surrounding the COVID mission, our resilience was tested with unexpected loss of life. Chief Petty Officer Thacker who served on board USS Theodore Roosevelt became our first casualty of COVID-19. The ED and ICU team fought valiantly to save his life, in the end we all humbly honored his sacrifice.

One of our own nurse corps Officers, **CDR (ret) Richard Boyer** lost

his hard fought battle with cancer. He served as USNMRTC Guam's Director for Healthcare Business for 14 years after his retirement from the Navy. He was beloved by all that knew him; his wife, children and his work family will miss his candor, stories and the incredible vault of institutional knowledge that will forever be lost. Leading us through COVID and the loss of our shipmates was our Commanding Officer, **CAPT Maria Young, NC**. From the outset of the pandemic our skipper quickly set the tone and pace to one of collaboration, teamwork and open lines of communication. She truly epitomized the tenants of leadership and strength and set the example for all of us on the deck plate to emulate.

As we all find our new version of normal we hope that you have all found a way to celebrate yourselves and our Nurse Corps during Nurses week 2020. Guam's Latte Stone Nurses Association, led by President **Shannon McMiller**, **LT Stephanie Bourdeau**, **LT Taylor Sieber** and **LTJG Allison Fleer**, helped us all celebrate COVID style with social distanced cake cutting, Junior Nurse Excellence Award announcement, plenty of treats and small tokens of appreciation abound. Where there used to be photos with wide smiles we now show off our array of fashionable face masks and crinkle "smile eyes" that have become the token symbol of our perseverance and grit. USNH Guam Nurses, proud and honored to serve!

~Submitted by: LT Chelsea Null, NC, USN, NMRTC Guam

Nurse Corps News

MAY SPECIAL EDITION

Seabees Build Protective Equipment for Healthcare Workers

Staff members of United States Naval Hospital Rota (USNHR), on Naval Station (NAVSTA) Rota, Spain, have been tracking the progression of COVID-19 from the beginning of the emergence of the novel virus. The hospital and staff have been organizing ongoing training in response to the fight against COVID-19.

LT Estrellita Edmond, an Emergency Room nurse, took the infor-



NAVAL STATION ROTA, Spain (NNS) (7 Apr 20): LT Estrellita Edmond demonstrates the use of transparent barrier boxes in the NHR Emergency Department/Released

mation provided during training and dedicated extra hours to comb through articles regarding the onslaught of COVID-related practice guidelines, to maintain the highest quality of care for the patients at USNHR. Amongst her research, she reviewed an article highlighting a Taiwanese anesthesiologist's personal protective equipment (PPE) creation: a transparent plastic box that creates a physical barrier between the patient and health care provider.

Edmond, also a prior chief petty officer, brought her newfound information to Chief Hospital Corpsman Benjamin Graves and request-

ed help in finding the resources to create the barrier.

"I knew that there was a way to make it happen quickly and efficiently; it would happen through the Chiefs' Mess," said Edmond.

Graves reached out to the Naval Station Facilities Engineering Command (NAVFAC) Public Works Department (PWD) Seabees on NAVSTA Rota. The barriers were created and delivered in less than a week.

"These products are a clear indication that communication works. You don't have to have all the answers, but knowing who to go to is critical for mission success. Everyone has a part in controlling the spread of this virus, and I'm very grateful to Chief Justin Rummel for the PWD Seabees for coming through for us," said Graves.

Healthcare workers at USNHR are working to maintain the highest medical care for all beneficiaries.

"We are fully prepared to take care of COVID-19 patients. Protecting our staff so they can stay in the fight is a top priority. It is highly commendable that we have officers and enlisted Sailors looking out for each other as a work-family as well as their patients," said Capt. Andrew Archila, U.S. Naval Hospital Rota Commanding Officer.

Click [here](#) for more information about the fight against COVID-19.



NAVAL STATION ROTA, Spain (NNS) (7 Apr 20): LT Estrellita Edmond & HMC Benjamin Graves accept barrier boxes from the Seabees on behalf of the NHR Emergency department/Released

~By: LT Megan R. McKim, NC, USN, Public Affairs Officer, Multi-Service Ward



NAVAL STATION ROTA, Spain (NNS) (2 Apr 20): Naval Facilities Engineering Command (NAVFAC) Public Works Department (PWD) Seabees present barrier boxes to NHR Emergency department staff (in uniform from left: CE3 Cutter Bullen, CE3 Thomas Bautz, UT2 Scott Nullmeier; HN Steven Santos (male EMT), HN Harmony Cassingham (female EMT)/Released

Nurse Corps News

MAY SPECIAL EDITION

3rd MEDBN and NH Okinawa Support of USS Theodore Roosevelt

Medical personnel assigned to 3rd Medical Battalion and U.S. Naval Hospital Okinawa deployed to Guam within 96 hours' notice under Task Force Medical in response to COVID-19 mitigation efforts for Sailors assigned to the aircraft carrier, USS Theodore Roosevelt (CVN 71).

Task Force Medical assigned their specialized nurses to various duties, including a 48-hour observation holding facility and more than five isolation sites. Each nurse brought unique capabilities to each isolation site, to ensure the Sailors were being taken care of appropriately.

The Isolation, Quarantine and Roving (IQR) Team was the leading effort to effectively and efficiently operate each of the isolation facilities. The medical teams' primary responsibility was to conduct daily medical screenings and ensure each COVID-positive patient had 24/7 access to medical care during their isolation or quarantine periods.

From the nurses serving in the observation unit, to the nurses heading the isolation facilities, here are some of the things that each of the nurses experienced:

LT Burnetta Fears (IQR OIC)

"I am extremely excited knowing the care that we are providing to the Theodore Roosevelt is satisfying the mission of the Navy, DoD, and ultimately the loved ones of the military personnel on the ship."

LT Jessica Schmidt (Team Lead)

"My experience on IQR has been a unique opportunity to grow as a nurse and to focus on one of the most important things in the Navy Nurse Corps; educating our hospital corpsmen. I was very impressed with every corpsman I had the privilege of working with in terms of their knowledge and growth

related to COVID and non-COVID conditions (such as mental health crises, chronic conditions, musculoskeletal complaints, and many more)."

LT Caroline Kivisto (Team Lead)

"As a nurse assigned to Task Force Medical, I have been given the unique opportunity to be able to support and



Guam: Task Force Medical Nurses respond to COVID-19 by assisting Sailors assigned to USS Theodore Roosevelt (CVN 71)/Released.

care for my fellow brothers and sisters assigned to the Theodore Roosevelt as they go through this unprecedented time. It is being able to care for Sailors in situations like this, that makes me proud to be a nurse and proud to be a member of the U.S. Navy."

LT Tiffany Bradley (Team Lead)

"I am absolutely honored to be helping out in Guam right now, during such a critical time and in dealing with a virus our world has never encountered before. I am happy to aid my fellow service members, the members of the community within Guam, and ultimately in the service of the defense of my country."

LT Marven Ayson (ICU/Team Lead)

"As part of the 3rd Med Bn., I was given the opportunity to be part of the Task Force Medical that allowed me to serve my fellow brothers and sisters. This was truly a humbling experience for all of us to know that we all needed each other for the success of this mission. It was a great pleasure and honor serving the 'Big Stick'."

LT Jennifer Creech (Medical Planner/Regulator)

"What I have learned here as the 3d Med. Bn. nursing liaison is that taking care of people, specifically the Sailors from the Theodore Roosevelt, is far more reaching than that. I have worked long hours in the Emergency Operation Command (EOC) here at Naval Base Guam working logistics and transport for those in need. I've coordinated with every aspect of our medical team and to see this team work and go above and beyond to accomplish the mission has blessed me in so many ways."

ICU nurses (LT Kelsie Deisinger, LT Valerie Arnaez, LT Rodney Posley)

"Versatility is a word that military nurses know, and this experience exemplifies that. It is fulfilling to be able to support fellow Sailors in need during this unprecedented time, in the front lines of this pandemic, as the Navy and the world fights the battle against COVID-19. Our team adapted and learned more of what logistics and support is needed in large scale ad hoc medical response."

LTJG Pamichella Torres (Team Lead)

"I feel honored and blessed to have the opportunity to assist Task Force Medical with response to the USS Theodore Roosevelt COVID-19 situation. My experience has been rewarding for me as a nurse and as an officer. The strength, perseverance, work ethic, and caring that each one of my team members has put into this mission in order to get our fellow Sailors through this difficult time is so inspiring, that I just want to shout out from the rooftops how proud I am to be a Navy nurse!"

~Submitted by: LT Burnetta Fears, NC, USN, IQR OIC

Nurse Corps News

MAY SPECIAL EDITION

NMRTC Camp Lejeune COVID-19 Response

In response to the COVID-19 pandemic, NMRTC Camp Lejeune nurses rose up to meet the challenge of providing quality healthcare to a very susceptible, potentially infectious patient population. The command's nursing staff repurposed the



NMCCL Trauma Bay. LTJG Taylor Mork, RN, NC, prepares for a COVID-unknown patient coming in by EMS to the ED trauma bay. In April of 2020 NMCCL cared for a total of 20 Level 1 Traumas and 77 Level 2 Traumas, demonstrating that the trauma business was not slowed down by the pandemic/Released

pre-existing Ambulatory Procedures Unit into a ward specifically designated for patients diagnosed with or being ruled out for COVID-19. This negative pressure capable eight bed unit was set up within one week to care for a patient population ranging from minimally to gravely ill. It



NMCCL Acute Respiratory Clinic. LT Mikelle Aaron, RN, NC, starts an IV on a screened-negative patient in the acute respiratory care clinic/Released

is staffed primarily by critical care nurses with the assistance from medical-surgical nurses. As of May 15th, 24 patients have been admitted to the unit with 1 confirmed positive case.

Recognizing that expecting women may also present with symptoms of COVID-19, NMRTC Camp Lejeune Maternal Child Infant Nursing Department requisitioned and repurposed space from within the inpatient environment to create an isolated COVID-19 Inpatient Obstetrics Unit. This unit contains 2 negative pressure rooms and 2 flex rooms with full LDRP triage-to-



NMCCL ED. LTJG Adam Roebuck, CEN, NC, assesses a patient in the Emergency Department/Released

delivery-to-discharge capabilities, with easy access to the Operating Room, providing a dedicated space for COVID-19 positive or suspected pregnant women and newborns. 80 staff members were trained on PPE



NMCCL Advanced Procedures Unit. The ICU team used M-53 gas masks from the 22nd MEU to create PAPR systems used for procedures in the inpatient COVID unit. Multidisciplinary care provided by (L to R) Ms. Tonya Dolence, Respiratory Therapist; CAPT Jeff Timby, MC, Pulmonologist and Commander, NMRTCCCL and NMCCL; and LT Amanda Watts, CCRN, NC/Released

and isolation procedures to staff the new unit and provide excellent obstetrical care while minimizing transmission risks.

The dedicated nurses from Camp Lejeune continue to demonstrate their commitment to high quality, evidence-based care and are pre-



NMCCL L&D. LT Bethel Romero, RNC, NC, cares for a healthy pregnant patient in Labor and Delivery Triage/Released

pared to care for COVID-19 patients for the duration of this pandemic.

~By: LCDR Harley Ragle, Department Head for Adult Inpatient Nursing and LCDR Nick Perez, Department Head for Maternal Child In-

Nurse Corps News

MAY SPECIAL EDITION

NMCSD Nurses Train for COVID-19: Always Ready!

When the impact of a global pandemic started to become apparent, DHA provided a clinical registered nurse refresher training packet whose purpose was “to transition licensed staff from administrative roles into direct clinical care that supports RNs already positioned at the Military Medical Treatment Facilities (MTF).” NMCSD received this guidance on April 1, 2020; **LCDR Coronado** and her team jumped into action right away to make these trainings a reality.

Four separate 2 day refresher trainings were run between 08 April and 07 May, targeting nurses in the Surgical and Medical Directorates. The classes were a team effort, with coordination among Staff Education and Training, Clinical Nurse Specialists, SNOs from DSS and DMS, Physical Therapy, and many others. These classes introduced class participants to isolation precautions, use of Essentris for inpatient documentation, the blood transfusion process, and purposeful rounding to name a few topics. Nurses in the class also learned: 1) how to don and doff personal protective equipment from the nurse experts on the COVID-19 unit, 2) how to safely transfer patients from an experienced physical therapist, and 3) how to navigate the COVID-19 wards, including the use and cleaning of equipment. Each class



San Diego, CA: Nurse Instructors (L to R front row): LCDR Margaret Mitzkewich, LCDR Calina Coronado, RN Christine Tadler, LCDR Phonthip Eadens; (L to R back row): LCDR Jason Reid, RN Michelle Sanantonio, LT Elizabeth Wilt, RN Victor Quiniano (Photo courtesy of CAPT Abbie Marter Yablonsky) Not pictured: RN Ramon Caladcad

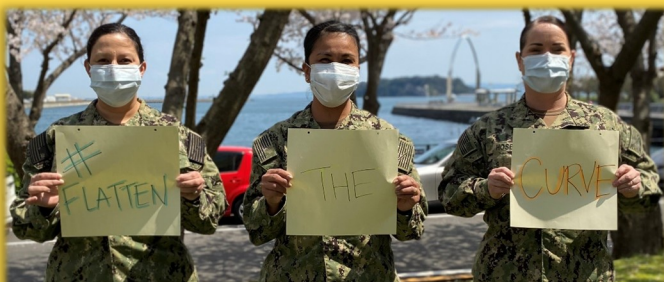
participant also completed at least one shift on an inpatient unit with an experienced preceptor to gain further competence.

The feedback from the class participants was very positive, in line with the comments of one nurse who noted, “This class was very helpful.” Because

of these classes, there are now 27 nurses who can assist in the event of a massive surge of patients in the future. This is one example of many during the COVID-19 pandemic where nurses have been proactive and led the charge with the battle cry, “Always Ready!”.

~By: CAPT Abbie Marter Yablonsky, NC, USN, NMCSD

CNM's flatten the curve in Yokosuka



Yokosuka, JAPAN: CNM's LCDR Michelle Hosea, LCDR Cheryl Castro, LCDR Jessica Miller do their part to support “flattening the Coronavirus (COVID-19) curve/ Released.

Nurse Corps News

MAY SPECIAL EDITION

COVID-19 Health Action Response for Marines (CHARM) Study

While COVID-19 has disrupted Navy Medicine and Naval operations, Navy Nurse Corps officers from the beginning of this outbreak have been on the front lines of this challenge. **CDR Carl Goforth**, Nurse Scientist at the Naval Medical Research Center, has been at the forefront of determining how COVID-19 affects large at-risk training environments, such as Marine Corps Recruit Training.

The COVID-19 Health Action Response for Marines (CHARM) Study Team, with CDR Goforth as Associate Investigator, on May 4th initiated a prospective study for recruits who will stand on the famed yellow footprints at Parris Island. The CHARM field research team, led by CDR Andrew Letizia, MC, is composed of three clinical laboratory officers, Hospital Corpsman laboratory technicians, general duty Hospital Corpsman, and CDR Goforth. The CHARM research team is mission-focused to support one of the fundamental operations of the Marine Corps: Making Marines.

The primary focus of this COVID-19 research is maintaining maximum health while meeting graduation requirements and standards for recruits during the pandemic. The CHARM research team is augmenting the Navy Medicine Readiness and Training Unit Parris Island with unique research expertise to help decrease the spread of COVID-19 at MCRD Parris Island and return recruits to training as quickly and safely as possible. Specifically the CHARM study addresses the scientific questions that will assist in maximizing medical readiness, create the appropriate scientific methodology to answer those questions, deploying the field laboratory infrastructure, ethically and appropriately enrolling participants, safely obtaining and pro-

cessing samples, and sharing data to meet the mission.

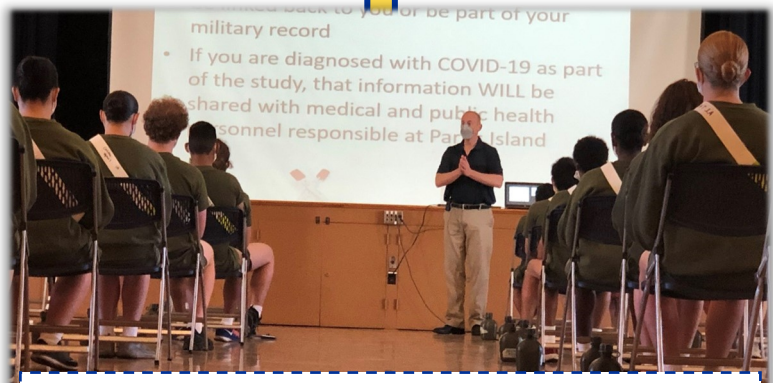
The CHARM Study seeks to identify those who are infected with COVID-19 even if they have few or no symptoms as well measuring weekly antibody production for those with more severe symptoms. This allows for the immediate implementation of Public Health measures to limit the spread of the infection. Also, we hope to better understand the underlying immunology or how the body responds differently to assess why some individuals get very sick while others do not even realize they are infected. Finally, the study looks to identify a biologic marker or correlate of protection, or “immunity passport,” that we can measure in order to safely return recruits and Marines back to the fight even if they are re-exposed to the infection.



MCRD Parris Island: Members of CHARM Study Team pose for photo (Photo courtesy of CDR Goforth).

CDR Goforth is the researcher responsible for briefing and consenting potential study participants, biological specimen collection, data analysis, and assisting with field laboratory operations. As of May 15, 2020 the CHARM study has enrolled over 260 participants and is at the forefront of all Department of Defense recruit training efforts to study COVID-19 in our unique environments while providing an immediate positive impact on Force Health Protection.

*~Submitted by: CDR Carl Goforth
Naval Medical Research Center
Silver Spring, MD*



MCRD Parris Island: CDR Carl Goforth educates Marines on the CHARM Study (Photo courtesy of CDR Goforth).

Nurse Corps News

MAY SPECIAL EDITION

Reservists Chosen to Serve on Role 2 Light Maneuver aboard USS New York

LT Dave Ward and **LCDR Pete Sunden** recently deployed embarked on USS NEW YORK (LPD-21) for six months past December. LT Ward is a veteran ER nurse and previously deployed to the Kandahar Role 3 with LCDR Sunden who is an experienced flight nurse. Like most Reservists, both nurses bring high volume, high acuity experience to the fight and subsequently were chosen to serve as members of a Role 2 Light Maneuver (R2LM) - a version of a Fleet Surgical Team.

Aboard USS NEW YORK, LT Ward, LCDR Sunden, a surgical tech, and three physicians integrated training with the ship's company medical department and the 26th MEU medical teams. In the bigger picture, the R2LM supported the Bataan Amphibious Readiness Group in Maritime Interdiction Op-



LT Dave Ward and LCDR Pete Sunden on the USS New York (LPD-21) (Photo taken by LCDR Niziolek aboard LPD-21 during underway replenishment with a British oiler in the Arabian Sea/Released).

erations and if needed, as a disaggregated surgical augmentation package from her sister ships in 5th Fleet. With the constant possibility of going kinetic in CENTCOM, providing casualty resuscitation, damage control surgery, and en route care was a priority.

Aside from their professional duties as Role 2 Nurse Corps assets, LT Ward and LCDR Sunden immersed themselves in the surface warfare culture and shipboard life

underway. This was a unique deployment for Reservists on a unique warship. USS NEW YORK memorializes those lost during the 9-11 attacks and is a floating museum of the ruins from the World Trade Center. USS NEW YORK remains a ready force during the COVID pandemic. LT Ward and LCDR Sunden are returning to their civilian careers to serve our Homeland during these challenging times.

~Submitted by: CAPT Karen B. Morgan, NC, USN, Reserve Affairs Officer, Navy Nurse Corps

USNS Comfort and USNS Mercy COVID-19 Response



Click on the photos above for DVIDS link to more photos on the COVID-19 mission

Nurse Corps News

MAY SPECIAL EDITION

Navy Nursing in Support of COVID-19



Rota, SPAIN: LT Alisen Rockwell, DNP, CRNA (NMCP) and LTJG Sydney Escoc (WRNMMC, MICU) deployed to Naval Hospital Rota in support of a contingency ICU during the COVID-19 pandemic. LT Rockwell and LTJG Escoc co-developed a critical care course and delivered instruction to 40 staff members on various topics, including: critical care knowledge and care of the COVID-19 patient, mechanical ventilation, emergency airway management, vasoactive medications, arterial and central line management, and common laboratory values in COVID-19 patients. The nurses and corpsmen of NH Rota displayed a continuous passion to learn and collectively support a contingency ICU, leading to increased command readiness in response to the COVID-19 pandemic/ Released.



NMRTC Jacksonville: LCDR Nicole Cuthbertson is attached to the Hospital Corpsman Trauma Training Jax program, but was augmented to NMRTC Jax to help out their ED staff during the pandemic. They have screened and tested hundreds of service members and beneficiaries! (Photo courtesy of: LCDR Nicole Cuthbertson)

The Navy nurses of Expeditionary Medical Facility (EMF) Camp Lemonnier, Djibouti (CLDJ), Africa, have been an integral part of the East Africa response to COVID-19. Coordinating with the Public Works Department they established an off-site field hospital consisting of both ward and ICU beds. The nurses provided vital bedside care stabilizing and evacuating the first critically ill COVID-19 patient treated in an austere environment across three areas of operation. Working alongside U.S. Air Force and U.S. Army National Guard nurses the EMF nurses continue to screen and treat COVID-19 patients in support of the warfighter in the Horn of Africa. (L to R) 1st row, Capt. Angel C. Nwankwo (USAF), LT Melissa M. Quinones (USN). 2nd row, SSG Jackie L. Hill (USANG), LT Jared A. Lacamiento (USN), LCDR William A. Robertson (USN), LT Kelsey C. Mikkelsen (USN). 3rd row, CAPT Paul R. Allen (USN), LCDR Donna C. Hobbs (USN)/Released.



NHC Cherry Point, NC (06 APR 20): LT Jessicah Coulston, a nurse at Naval Health Clinic Cherry Point is ready to perform a COVID swab on a patient (Photo by LT Appling/ Released.)

Nurse Corps News

MAY SPECIAL EDITION

NYC Missions for the Local Hospitals

Bellevue Hospital Nurses:



Coney Island Nurses:



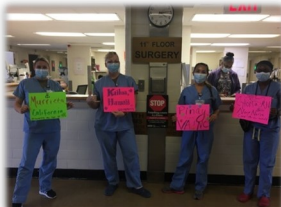
Elmhurst Hospital Nurses:



Kings County Hospital:



Harlem Hospital Nurses:



North Central Bronx Hospital Nurses:



Woodhull Hospital Nurses:



Photo submissions courtesy of LTJG Melissa Huggins,
OHSU Portsmouth- Det W, Fort Dix

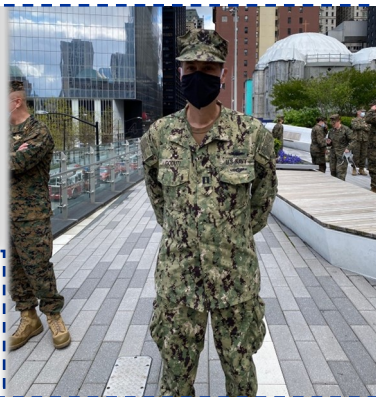
Nurse Corps News

MAY SPECIAL EDITION

NYC Missions for the Local Hospitals (cont')



NYC, NY: Newly promoted LT Guduti drills with OHSU Portsmouth. He is a Med/Surg RN and was assigned Kings County Hospital for COVID-19 support (photo courtesy of CAPT Lisa Gittleman).



NYC, NY (01 May 20): A promotion ceremony was held for 3 officers at the 9/11 Memorial. Several FDNY fire fighters joined the formation (photo courtesy of CAPT Lisa Gittleman).

NYC, NY (29 Apr 20): LCDR Brainard, LCDR Snyder, LCDR Mahoney, were assigned to Kings County hospital for COVID-19 support (photo courtesy of CAPT Lisa Gittleman).

"Reserve nurses mobilized on super short notice to serve in 7 of the public hospitals in NYC. I am ridiculously proud of all of them...As one of their leaders I hear from the civilian nurse leadership how impressed they are with the level of care, experience, expertise and compassion the Navy team brings. They are organized, they are leaders, they work seamlessly in their unusual and at times chaotic settings. And above all, they have brought a sense of "safety and hope" to these hospitals and their staffs."

~CAPT Lisa Gittleman, NC, USN

DET V nurses mobilized in response to COVID-19



LT Lyssandra Serrano (front) getting fit tested for her N95 mask in New York (Photo courtesy of LCDR Lynn Gilbody, NC, USN, OHSU PTS DET V, Senior Nurse Leader)



LTJG Jake Lawlor and ICU Team 6 with Sgt Mila the Dog at Javits Center in New York (Photo courtesy of LCDR Lynn Gilbody, NC, USN, OHSU PTS DET V, Senior Nurse Leader)

Nurse Corps News

MAY SPECIAL EDITION

Happy Birthday Nurse Corps!



NMRTU Iwakuni, Japan: Navy nurses celebrate the Navy Nurse Corps Birthday. (Front L to R): LTJG Agustina Aure, LCDR Kassy Strickland, LT Ruby Jackson, LT Shauna Ralston (Back L to R): LCDR Paul Cooper, LTJG Sydney Rouble, LT Chip LeDuff, CDR Eileen Scott, LT Nora Skorina, LT Ebony Jakes, LCDR Michelle McCormick (Photo by LT Moore/ Released)

Happy 112th Birthday Navy Nurse Corps!



Naval Hospital Okinawa, Japan (April 27, 2020). NHOKi nurses (left to right) LT Erick Gohdes and LCDR Lauri Elrod, member of the Okinawa Nurses Association, provide cupcakes to celebrate the 112th birthday of the Navy Nurse Corps. (U.S. Navy Photo by CAPT Jenny Burkett/Released)



Erbil, Iraq (April 27, 2020). Celebrating the Navy Nurse Corps 112th birthday with a treasured ice cream cake as part of Expeditionary Medical Unit 10G, Role 2. (L to R) LT Lisa Talledo, CDR Terri Jenkins, LT Jeremiah Bond, LTJG Kamron Pratt, LCDR Katherine Kidde, LT Jorge Menninger, LCDR Claudia Battle, and LTJG Melissa Barrera. (U.S. Navy Photo by Hospitalman Cassandra Chatman/Released)



Iwakuni, Japan: NMRTU Iwakuni celebrates the 112th Navy Nurse Corps Birthday with a traditional cake cutting ceremony. LTJG Sydney Rouble, the clinic's most junior Nurse Corps officer, cuts the birthday cake with CDR Eileen Scott, the clinic's most senior Nurse Corps officer. (Photo by LTJG Agustina Aure /Released)

Nurse Corps News

MAY SPECIAL EDITION

Happy Birthday Nurse Corps! (cont')



Happy 112th Birthday Navy Nurse Corps
Navy Medicine Readiness and Training Command New England



NMRTC BREMERTON

"Being a male nurse, both civilian & in the USN Reserves, it's been a big privilege & opportunity, to be able to serve our Navy community. Being a nurse in this time of pandemic, we are sought for our advise & our medical knowledge while doing telework during this time of social isolation. We carry immense responsibility with courage & compassion to our Internal Medicine Clinic beneficiaries. Despite our health risks, we continue our work with pride & commitment to our community health needs. Being a nurse, we are witnesses to life that begins & ends. It is humbling to be recognized by our selfless deeds."

-Roman Cruz

NMRTC BREMERTON

"To me, nurses' week is about each of us taking a moment to proudly reflect on the work we do every day and the worthy population we serve. It's such an honor to work with such skilled and compassionate people."

-Lt. Daria Seipeltrya

NATIONAL NURSES WEEK 2020



EMU Iraq: In preparation for COVID-19, nurses pose during nurses week with masks in place in front of the rocket bunkers and COVID Moderate Care Ward. (L to R): LTJG Kamron Pratt, LTJG Melissa Barrera, LCDR Claudia Battle, LT Jorge Menninger, CDR Terri Jenkins, LCDR Katherine Kidde, LT Lisa Talledo/ Released

Nurse Corps News

MAY SPECIAL EDITION

Social Distancing Guidelines Do Not Stop NC Birthday Celebrations!

“Stand six feet apart, wear your mask, and avoid physical contact.”

This is the mantra we at Naval Medical Center San Diego (NMCS D) have learned to embrace. These unprecedented times have compelled nurses to sacrifice more than ever to maintain readiness and meet the healthcare needs of our nation. The COVID-19 pandemic has brought unique challenges to the military healthcare system across the nation and around the world. With all great challenges come opportunities for growth, innovation, and teamwork.

Navy nurses worldwide are heroically responding to the call as we battle for ground in both clinical treatments and best safety practices. Our nurses continually meet the demands of this fight and rapidly adapt to the changing environment, whether that be training in other specialties, moving to other units, or deploying. No team has been more invigorated and unified in the fight against both visible and invisible enemies than the Navy Nurse Corps.

This is a time when nurses are needed more than ever on the front-lines of healthcare. Celebrating Nurses Week and the Navy Nurse Corps' birthday may seem trivial to some, but it has never been more noteworthy. Bending but never breaking, just like our nurses, the Nurses Association at NMCS D adapted our celebrations in compliance with social distancing guidelines with one goal in mind: for all

NMCS D nurses to feel seen, appreciated, and celebrated. Because of social distancing measures put in place, NMCS D was unable to host a traditional command cake cutting ceremony but that didn't stop NMCS D's Nurses Association from moving forward to bring this rich tradition to the units, directly to the nurses.

This idea sparked momentum and was met with enthusiasm and support from **Captain Jeffrey Bledsoe**, Director of Nursing Services (DNS), **Commander Mark Thomas**, Assistant Director Nursing Services (ADNS), and senior nurse officers. The efforts of the Nurses Association along with the DNS resulted in 27 birthday cakes being delivered, impacting 49 locations and more than 600 nurses throughout NMCS D and its branch clinics.

It was truly an honor to celebrate our nurses on the front-lines and take a moment to recognize the dedication they bring to the team and the compassion they offer to their patients each and every day.

The NMCS D Nurses Association would like to wish you a Happy Nurses' Week and Happy Birthday to the Navy Nurse Corps! ~

~Article and photos submitted by: LTJG Alessa "AJ" Andersen, LT Dehussa Urbietta, and LT Megan Durgin



Nurse Corps News

MAY SPECIAL EDITION

112 Years Young!



Naval Expeditionary Medical Training Institute (NEMTI) Camp Pendleton, CA (April 27, 2020). NEMTI nurses (left to right) CAPT Sharon House (OIC), LCDR Joshua Lange (AOIC), and LCDR Jason Caldwell (Dept. Head) on a 25k forklift, Civil Engineering Support Equipment in support of Expeditionary Medical Facility (U.S. Navy Photo by Hospitalman Cassandra Chatman/Released)

MHS Team:

National Nurses Week is May 6th—12th. As we celebrate the long history of military and civilian nurses who have served our nation, we recognize the unique contributions nurses have made – and continue to make – to military medicine in both peacetime and wartime. This year, Nurses Week coincides with the 200th anniversary of nurse pioneer Florence Nightingale's birth, further reminding us of the critical role nurses play in our national life.

To the dedicated nurses across the Military Health System: Thank You!

Thank you for your service to the nation, working to keep our forces ready to answer the call, anywhere and anytime. Thank you for serving our 9.5 million beneficiaries – whether across our military hospitals and clinics, in our research laboratories, in our military medical classrooms, or in the office performing data analytics. Thank you for serving on the front lines in the fight against COVID-19, directly delivering on Secretary Esper's priorities to protect our people, maintain readiness, and support the national response. Thank you for your enduring commitment to protect, promote, and improve military health care and readiness every day, building a stronger, more effective Military Health System for those depending on us.

To the MHS team: thank a nurse and recognize them for their efforts – big and small – that are so integral to caring for our patients and advancing our mission. Share their successes through photos, comments, or stories, on MHS social media platforms using the hashtags #NursesWeek, #YearoftheNurse, and #MHSNurses. And be sure to visit the Nurses Week spotlight page on [Health.mil](https://www.health.mil) to learn more about how our nurses are going above and beyond the call of duty every day.

Tom
Thomas McCaffery
Assistant Secretary of Defense for Health Affairs



Naval Hospital Okinawa, Japan (April 27, 2020). NHO nurses (left to right) CAPT Todd Stein, RN Gina Ferrer, LCDR Rhys Parker, RN Cynthia Scott gather to take a socially-distanced team photo for Nurses Week. (U.S. Navy Photo by Hospitalman Cassandra Chatman/Released)



Camp Pendleton, CA: Naval Hospital Camp Pendleton nurses pose for photo to commemorate Nurses' Week 2020. (Courtesy of LCDR Travis J. Fitzpatrick, ADNS NHCP)

Nurse Corps News

MAY SPECIAL EDITION

Letters to the Nurse Corps!

Dear Admiral Davidson,

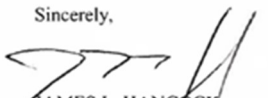
13 May 2020

On behalf of over 4,300 active and reserve physicians of the United States Navy Medical Corps, I am honored to extend our sincere appreciation and congratulations to the Navy Nurse Corps as you celebrate your one hundred twelfth birthday.

Your diversely talented corps of dedicated professionals, are inspirational on the frontlines, at the bedside, forward-deployed, and at the executive levels. The legendary service of Navy Nurses, regardless of challenge, risk, or austerity is truly one of the finest Navy traditions. As we collectively look forward to the untold challenges ahead, we in the Medical Corps could not be more honored than to have the privilege of serving alongside the Navy Nurse Corps!

My warmest regards to the Navy Nurse Corps as you celebrate another year of exemplary service.

Sincerely,


JAMES L. HANCOCK
Rear Admiral, Medical Corps
United States Navy

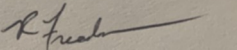
Dear Admiral Davidson,

On behalf of the Navy Dental Corps, I extend my sincere thanks and appreciation to the Navy Nurse Corps on your 112th birthday.

Nurses have been the foundation of Navy Medicine since the establishment of Navy Nurse Corps on May 13, 1908. The courage of leadership, and spirit of selflessness have been hallmarks of the Navy Nurse Corps in wartime and peace, deployed or at home, both shipboard and ashore.

Navy nurses continue to help project the Power of Navy Medicine in support of Naval Superiority across the globe. Thank you for your dedicated service and the sacrifices you continue to make in support of our One Navy Medicine team. The Navy Dental Corps is honored to serve alongside you!

Sincerely,


R. Freedman
Captain, Dental Corps
United States Navy
Chief, Navy Dental Corps

Dear Admiral Davidson,

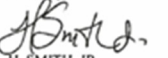
We, the men and women of the Hospital Corps, would like to wish a warm and heartfelt Happy 112th birthday to the Navy Medicine Nurse Corps.

The training, guidance, and selflessness the Nurse Corps has provided and demonstrated across the Navy, has allowed Hospital Corpsmen to improve their skills and confidence, enabled physicians to render exceptional care to an exponential amount of patients, and fashioned an atmosphere where our patients; without reserve, know their dignity and welfare are a primary concern. These actions tremendously increase the support of our warfighters; in garrison and on the battlefield which is a direct reflection of our "Performance."

Let us not allow the pandemic that we are currently facing stifle the well wishes and celebration deserved by the Navy Medicine's Nurse Corps. Know that your daily sacrifice and contributions allow for our Navy to remain the greatest in the world.

Thank you for all that you do!! Happy 112th Birthday Nurse Corps!

Sincerely,


H. SMITH, JR.
FORCM (SW/EXW/FMF)
Force Master Chief
Director, Hospital Corps
United States Navy

Dear Admiral Davidson,

On behalf of the Navy Medicine Civilian Corps, it is my pleasure to extend my sincere congratulations and best wishes to you on the 112th anniversary of the Navy Nurse Corps.

Since 1908, the men and women of the Nurse Corps have served in times of peace and war, both on the battlefield and at home. The Nurse Corps is an essential component of the Navy and countless lives have been touched by the care and compassion your nurses deliver. Without nursing professionals manning the watch each and every day, especially during this time of global pandemic, we would not be able to maintain the high level of military medical readiness upon which our nation depends.

The Civilian Corps is proud to serve both with the Nurse Corps and within the Nurse Corps, to ensure our military is prepared to defend this great nation. My warmest regards to you and all the members of the Navy Nurse Corps as you celebrate your 112th anniversary!

Sincerely,


Dr. Andrew Jones
Director, Navy Medicine Civilian Corps



13 May 2020

Dear Admiral Davidson,

On behalf of the Medical Service Corps, I am honored to wish the men and women of the Nurse Corps, a Happy 112th Birthday!

Since the Nurse Corps' inception in 1908, the 'Sacred Twenty', our nation's first Navy nurses took a great risk at their own expense, to come to the Bureau of Medicine and Surgery and later Naval Hospital, Washington, D.C. These pioneers honorably served, laying the groundwork for the future of the Nurse Corps and Navy Medicine. Without exception, your contributions at home and around the world have transformed Navy Medicine into the medically ready capable force it is today. With the utmost skill and compassion, you have provided cutting edge care to those who fight for this great nation and those who have made the ultimate sacrifice to defend our freedom. You have served foremost in the transformation of Navy Medicine and will continue to do the same for years to come.

Today marks a celebration for your continued remarkable success! The Medical Service Corps is honored and privileged to serve with you as we work together to continue the legacy of exemplary service! With my sincerest congratulations, I wish the men and women of the Nurse Corps, a very happy birthday!

Sincerely,


T.H. WEBER
Rear Admiral
United States Navy
Director, Medical Service Corps